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ABSTRACT

The report describes the National Child Research Center (NCRC) Cued Speech Program in which various approaches were used to assist 16 preschool and primary aged hearing impaired children in a mainstreamed setting. Section I considers the program in terms of background, philosophy, goals, and program formats. A second section presents a summative review of the NCRC cued Speech Program which offers data from parents, staff, and teachers. Findings are noted to support the program's success in developing children's communication skills, socialization, and involvement with a hearing environment. Appendixes contain a draft of procedures for coordinating the educational and tutoring program, program cost data, questions used in interviews, interview responses, sample questionnaires and tabulated responses, parent goals, and case history summaries. (SB)

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Final Program Review
of
The Cued Speech Project

Sponsored jointly by the National Child Research Center and Kendall Demonstration School for the Deaf

Program Evaluator: Linda Schafbuch

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Introduction

In September, 1974, the Cued Speech Program at the National Child Research Center (NCRC) was brought under the auspices of Kendall Demonstration Elementary School for the Deaf (KDES). Kendall was committed to involvement with the Cued Speech Program for two reasons. First, it viewed the Program as a means to further its mission to investigate and experiment with a variety of educational options for hearing impaired children. Second, Kendall felt a responsibility toward a program which had begun on the Gallaudet campus. Since that time KDES has provided financial support, based on annual agreements negotiated within the limitation of KDES program needs and service support upon request to the Program, which represents an experiment in mainstreaming on the the preschool level.

In 1981, KDES is faced with pressing realities within the field of education for the hearing impaired. Population studies and federal legislation indicate the need to attend to the numbers of multiple handicapped hearing impaired children who have been underserved in the past. In addition, the requirements of P.L. 94-14 have made appropriate diagnostic and evaluation services to the hearing impaired an area needing innovative and significant leadership. KDES has had to redefine priorities in order to respond to these two areas of critical need in 1980. Consequently, since June 30, 1981 KDES does not provide direct financial support to the NCRC Cued Speech Program.

The following review and evaluation of the NCRC Cued Speech Program is an effort to document the outcomes of this pilot project in mainstreaming and to make the results available to the public.

The report presents a description of the Program, covering its history, its philosophy, its goals, and its programming formats. It then presents an extensive analysis of the outcomes of the Program in terms of child success, parent satisfaction, and opinions from a variety of other participants in the program. Finally, the current status and future plans of the NCRC Cued Speech Program are discussed.

Acknowledgements

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Program Description

History of the Cued Speech Program

The Cued Speech Program spans nine years of operation from 1971 to 1981. It has been located at two different sites during that time and has been supported by various sources. Included in this section is a brief description of its establishment and growth over nine years.

The Cued Speech Program began in 1971 at the Gallaudet College Pre-school and continued there for two years.

On July 13, 1973, an agreement between Gallaudet College and the National Child Research Center (NCRC) was initiated which established the program in new quarters at NCRC. NCRC is a private nursery and kindergarten day school in Washington, D. C., serving children ages 2 1/2 to 5. Under this agreement, the children who would attend NCRC were officially enrolled in both the Gallaudet Pre-school and the National Child Research Center. Gallaudet offered assistance in terms of auditory evaluation, hearing aid service and developmental evaluation, arranged by NCRC and KDES. The funding amounts stated in the Agreement were provided by Dr. Orin Cornett through research funds available through the Cued Speech Office. These were specified "one time only" funds. A memorandum dated July 25, 1973 outlined the basic operating procedures. (See Appendix A for the memorandum.)

In September, 1973, three of the children from the Gallaudet Pre-school began their schooling at NCRC in an integrated classroom situation with hearing children and daily tutoring by two part-time teachers of the deaf.

Sufficient funds for a full-time program were made available by Kendall Demonstration Elementary School in September, 1974. The first three children from the Galluadet Pre-School continued their enrollment. In September, 1976 an additional child and, subsequently, two more entered the program. In the years that followed, ten more children enrolled in the NCRC program, for a total of 16 children in a seven year period.

Since 1974, Kendall Demonstration Elementary School has continued its financial support* for the program as well as provision of assessment service upon request and material and media support.

In 1976, a Committee to evaluate the Cued Speech Program was established. The Committee was comprised of four members from KDES and four from NCRC. The

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* A complete summary of the budget to date and breakdown of the budget for 1979-80 for the Program is included in Appendix B.

Committee reports presented observations by the Director of NCRC, parent attitudes and feelings, program content description, achievement testing, and the NCRC Committee evaluations. Most of the findings of this committee at that time are consistent with the results presented in this Report. Parent and staff satisfaction were high. The KDES members made various observations about the use of cued speech and budget items. It is not within the scope of this Report to present all the observations from 1976. For further reference, the Committee Reports and Recommendations (January 1977) are on file at both the NCRC and KDES.

During the same year, personnel of the NCRC published an article "Mainstreaming the Hearing Impaired - A Program in Cued Speech" in The Parent Cooperative Preschools International Journal. The article describes the NCRC program in its early years and the results which were evident at that time.*

In January, 1980, it was decided that funding would continue through the 1980-81 school year. After June 30, 1981 KDES will not provide financial support to the project due to a shift in priorities which results from a change in emphasis. KDES will begin service to multiple handicapped students and provide a concentrated focus on diagnostic services to hearing impaired children.

A final summative review of the seven years of joint operation of the NCRC Cued Speech Program was begun in the spring of 1980 and is presented in this report.

Philosophy of the Program

The philosophy of the NCRC Cued Speech Program is based in fundamental beliefs about early childhood education. Children are viewed as children, each as a whole child with physical, emotional, social, and academic needs. Each child has his/her own unique sensitivities and creativities which must be tapped and nurtured. From a belief in the whole child and a unique appreciation for the needs of hearing impaired children, the NCRC Cued Speech Program chooses two channels which they believe provide full access to language and the early learning experience for hearing impaired children. These channels are cued speech and mainstreaming.

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*Richard Neugass, Beatrice N. Tepper, Terry Vanden Bossche, and Janet Weaver, "Mainstreaming the Hearing Impaired, A Program in Cued Speech," in Parent Cooperative Preschools International Journal, Volume 6, No. 2 (1976).

Various approaches are used in an attempt to assist hearing impaired children to adjust to their handicap and learn to function in society. Traditionally, among these are the use of the combined method which uses sign language and the spoken word and the oral approach which uses speech, lip reading, and audition. For a variety of reasons which should become clear in the report, the NCRC Cued Speech Program chose an alternative approach: cued speech.

Technically, cued speech is viewed as a physiological expression of spoken language in which lip reading and audition are supplemented by hand cues representing all the sounds of the spoken language. Eight hand configurations and four hand positions are used to clarify the pattern and speech which are seen on a speaker's lips. It is important to understand that cuing, audition, and lip reading supplement one another. All three levels are vital to the system. It is believed that within the information provided in this receptive combination are all the elements necessary for linguistic comprehension. Based on a firm receptive language, expressive language is developed through speech. It is not necessary that children cue expressively.

The NCRC staff believe that cued speech is the key which opens the door to language and learning for a hearing impaired child. By providing a clear, visible way of seeing all the sound elements of language, the code of language is "cracked open." The hearing impaired child can then experience and develop language in a similar manner to a hearing child. It is believed that language, the play with language (rhyming, poems, etc.), an intuitive feeling for language, and an internal way of learning follow.

Cued speech is viewed as a tool and a philosophy for educating hearing impaired children. Besides being a means to teaching expressive and receptive language, it is seen as a means to a deeper educational experience, a means of internal growth. Through exposure to all the nuances and abstractions in the language, a child can learn about and develop intrinsic qualities, feelings, and outlooks. The child can experience a regular academic program as well as having his special sensitivities and creativity tapped and expanded.

The NCRC Cued Speech staff feels that they have recognized a second crucial element in providing a total educational experience for hearing impaired children: mainstreaming. They feel that in order to capitalize on all that cuing opens up and allows, the educational setting is vital. The

combination of cracking the code for the child (through cued speech) and providing a regular educational environment (through mainstreaming) provides the opportunity for success in the education of a hearing impaired child.

The early mainstreaming emphasis at NCRC is the one factor which differentiates it from other cued speech programs. The section on Program Formats in this report describes the various ways a child is mainstreamed at NCRC. In terms of academics and language development, the NCRC program is similar to other programs. This early involvement with hearing children is seen as a means to initiate and further the child's natural participation in a hearing world. It is believed that children get an intuitive feeling about how to cope with hearing people at a young age and, with this early exposure, the child is making the adjustment in an easier way.

Crucial to the mainstreaming component is a philosophy of flexible and constant support between the Cued Speech staff and the mainstreaming teachers in the regular classrooms at NCRC. The mainstreaming teachers cue and the Cued Speech staff provide tutorial support. The Cued Speech staff feels that good working relationships with the mainstreaming teachers and exposure to an environment which focuses on all the elements in the education of children keeps their attitudes toward hearing impaired children open. Limitations in dealing with hearing impaired children are minimized.

The staff feel that the open and creative environment of the NCRC program provides the hearing impaired child with a wide range of experiences from the academic to the creative, and for the development of social skills and relationships.

Parent involvement is viewed as essential to the Cued Speech Program as well as the early development of a hearing impaired child. To provide the young child with a consistent and constant exposure to language through cued speech, parents play a vital role in the NCRC program. Besides emersing the child in a world of constant communication methodology, it is felt that parents can be supported in their acceptance of their child's handicap and develop a confidence and assurance in the role they play in helping their children maximize the children's potential.

Given conditions such as parent support, early detection, programming which includes tutoring and mainstreaming, use of residual hearing, and cued speech, a hearing impaired child appears to be able to learn language and should, therefore, be provided the opportunity to grow and develop as any other child.

Providing hearing impaired children with the skills to function as independent adults in a hearing society underlies the effort at NCRC.

Goals of the Cued Speech Program

Based on the philosophy of the program, NCRC staff have developed specific goals for parents and children. A listing of these goals follows.

For Parents

- To deal realistically with the reality of having a hearing impaired child.
- To recognize the contribution they can make toward the development of their child.
- To feel a sense of satisfaction, self-confidence, and achievement with regard to their involvement with their child.
- To accept the implications of the hearing impaired but not be inhibited or limited in the development of goals for their child.
- To develop a healthy and mutually satisfying relationship as a family.
- To accept the child as a normal family member.
- To relate to the child as they do their other children, with the same behavioral expectations.
- To learn to understand language development and their role in providing models for their children.
- To learn to cue fluently.
- To become effective language models for the child through proficiency in cuing and knowing how to maximize language experiences.
- To communicate easily with the child.
- To support and help other parents of children starting the NCRC program.
- To strengthen belief in cued speech, their child and themselves.

For Child

- To accept and feel positive about their hearing aid and wear it daily.
- To develop a positive, healthy self-image.
- To develop socially as well as academically.
- To develop a positive attitude toward "talking" and "school."
- To form healthy and mutually satisfying relationships between themselves and family.

- To become thoroughly familiar with the cued speech system (cues, lip reading, and sound) to the extent that new words and language patterns are simply a combination of known elements.
- To have good speech skills.
- To have good auditory skills.
- To have good reading and writing skills.
- To have good readiness skills.
- To learn language (receptive and expressive) naturally through cuing.
- To communicate easily with family and friends.
- To be mainstreamed to develop skills along with hearing children.
- To be given creative opportunities.

Program Formats

NCRC provides several programming schedule options which vary according to the child. Age, language level, and specific needs determine which program the child enters. Sometimes a child will proceed through each of the levels described, but programming is not limited in this way. A child's development and needs will determine his/her placement level.

For the youngest children (ages 0 to 3), there is a Parent-Infant Program which is provided either in the home or at NCRC for 2-3 hours per week. Tutoring in this program consists of a variety of play and basic skill activities in which the tutor cues the natural language arising from the activities. A portion of the time is spent showing the parent how to maximize activities to provide natural language exposure through cuing. When a family begins this phase of the NCRC program, the tutor spends time orienting the family on deafness and discussing the various courses of action and the options which are available.

After the Parent-Infant Program, the child can enter the Nursery School Program, which consists of several options. The first is the Mainstreamed Half-Day Program, in which a child receives approximately 30% tutoring and 70% experience in a classroom with hearing children. The child can next participate in an Extended Day Program or Full Day Program. In the Extended Day Program (2/3 day) the child is mainstreamed into the regular nursery school program the majority of the day with 1 1/2 hours tutoring. The Full Day Program in the Nursery School consists of 60% mainstreaming and 40% tutoring.

After the Nursery School Program, the child participates in the Kindergarten and Primary Full Day Programs.

Both the Nursery School and Kindergarten/Primary Programs involve mainstreaming and tutoring. While mainstreamed into the regular classrooms with the hearing children, the hearing impaired child receives the same pre-school curriculum and participates in the activities available to all children at NCRC. The hearing impaired children receive tutoring in language, speech, auditory training, and math. The older children will also receive tutoring support in various content areas such as reading and social studies. A very supportive relationship exists between the mainstreamed teachers and the teachers of the deaf, and tutoring will reflect an extension and expansion of what is taking place in the classroom. All teachers in the mainstreamed classrooms cue to the children.

Program Review

Program Review/Evaluation

The present summative review of the NCRC Cued Speech Program has been undertaken by KDES in order to investigate and document the outcome and status of the Program after seven years of operation.

Review of the program has been approached from the perspective of individual attitudes and opinions from a variety of sources. It was felt that the outcome of seven years of operation can best be viewed through the analysis of personal satisfaction/statements about the program and its components. A variety of constituents have been polled for their opinions through both private interviews and a matching questionnaire in order to obtain information which would reflect opinions from different vantage points.

Process

In order to obtain the information desired, interview and questionnaire formats were developed. Individuals to be questioned were divided into seven groups, according to specifications noted under participants. Seven interview questioning forms were developed, one for each group of interviewees. Each member of the group was interviewed either in person or by telephone. In addition, individuals in two of the groups received a questionnaire mailed to their homes.

Data from the interviews and the questionnaire were collated and summarized. Summary of the data is presented in the Results Section of this Report. Due to the small number of participants, numbers and quantifiers are used rather than percentages. In addition, the verbatim interview responses are presented in Appendix D and the tabulated questionnaire results in Appendix F. (Questions asked of the Interviewees are found in Appendix C and the questionnaire in Appendix E.)

Participants

Individuals questioned for this report were divided into seven groups. The groups and a description of the members of the groups follow. The number of members within each group is indicated.

1) Parents of children who have completed the NCRC at the time of the interviews and were currently in other school programs. N=(6)
2) Parents of children who were currently enrolled in the NCRC program. N=(7)
3) Parents who withdrew their children from the program prior to completion. N=(3)
4) NCRC staff which included those teachers trained in deafness and the NCRC program director. N=(5)

5) The mainstream teachers at NCRC who had the hearing impaired children in their regular classrooms. N=(6)

6) The teachers of the six children who had completed NCRC and were currently in different school programs. N=(6)

7) Gallaudet and KDES Staff who over the years have had contact with the program. N=(6)

Instrumentation

Interview forms contained open-ended questions to elicit and collect responses concerning attitudes and opinions about the Cued Speech Program. Basically the questions were designed to obtain information on program success/failure, satisfaction/dissatisfaction, strong points/weak points, opinions about the program components of cued speech and mainstreaming, and pertinent information on the children. All seven groups were interviewed. (See Appendix C for the questions used with each group.)

The questionnaire consisted of a number of statements of a simple ranking or choice format. Content statements for this questionnaire were formulated based on analysis of the interview responses from the first two groups of parents (Groups 1, 2). Questionnaires were mailed to the Groups 1 and 2 (parents) for two reasons: a) because parent satisfaction and opinion were considered most pertinent to a review of the program, the questionnaire was sent to corroborate the results of the interviews; b) due to time and accessability, only mothers of the children were interviewed. Information from fathers was considered important and questionnaires were sent for father input as well. (See Appendix D for the questionnaire.) Groups 3-7 did not receive the questionnaire and were interviewed only.

Summary of Results

Interviews

Group 1 - Parents of children who have completed NCRC

All respondents expressed satisfaction in their experience with the NCRC Cued Speech Program (Question 1). The most frequently stated strong points about the program by the six interviewees, in order of frequency, were the use of cued speech, the teaching staff, and the experience ofmainstreaming. A variety of other points was made and can be found in Appendix C (Question 2).

With regard to limitations or problems encountered with the program, the four of the six interviewees indicated difficulties regarding transportation as well as the distance parents had to travel to bring their children to NCRC.

Another problem was noted by half of the group, who expressed frustration with Gallaudet's level of support of their choice of cued speech (Question 3).

Question 4 determined that only one child had always been in a cued speech program. All the other children had been in oral programs prior to cued speech.

Question 5 determined the reasons parents decided on a cued speech program. All six parents noted that they had observed or investigated other available methods for their children. Among the reasons for choice of cued speech were ease in learning cuing as compared to signs, the common sense of the system and that it was a complete system unto itself, the phonetic aspect and carry-over into reading, similarity to natural English and its potential to allow the child to be part of the hearing world.

When asked about the benefits of cued speech (Question 6) and what changes they experienced as they proceeded through the cued speech program, the most common responses were that the families returned to being normal families and that the language acquisition of the child "took off." The next most frequently expressed benefits were that frustration and tension within the parents were eliminated, that the children made significant advances in speech, that in using cued speech the parents discover that they can say anything they want to their child, and that the children increasingly evidenced the growth in idiomatic language, using such things as rhyming and subtle nuances.

Regarding the mainstreaming feature of the NCRC program, responses varied. However, parents felt that the benefits of mainstreaming were the good socialization opportunities with hearing children, exposure to normal language, and broadened what was expected of the child (Question 7).

Presently all children are mainstreamed in school programs in the Maryland suburbs except one who is mainstreamed in a school in Williamsburg, Virginia. Five of the children are in public schools and one attends a Montessori program. Three of the children are in cued speech programs. Two are in classrooms where the teacher cues. One has no cuing available (Question 8).

Regardless of the different placements, parents felt that their children brought a variety of strengths to their new school settings. Five of the six parents cited the fact that the children were on grade level in reading. Other strengths included statements regarding confidence and spontaneity, and good oral and language skills (Question 9).

Group 2 - Parents of children currently enrolled (N=7)

All respondents expressed a great deal of satisfaction with the NCRC program (Question 1).

The strong points stated in order of frequency were the teaching staff, mainstreaming, cued speech, attitude toward and understanding children, and program structure (Question 2). Again a majority of the responses (four out of seven parents) indicated the problem of transportation to the program. Other problems included the lack of certainty about program continuance and the need for more tutoring at NCRC (Question 3).

Of the seven children enrolled from this parental group, three had always been in cued speech programs, three had previously been in oral programs, and one came from a total communication program (Question 4). The choice of a cued speech program for their children varied. Many of the parents felt that, in essence, cued speech "made more sense." They were attracted to the fact that language could be learned similarly to that of hearing children, that speech was emphasized, and that the results in the reading levels of other children were impressive. Other reasons indicated cued speech was easily learned and was a complete system (Question 5).

In response to what benefits cued speech had provided the parent and child and what noticeable changes had taken place, the parents most frequently cited the "quickness" in progress in terms of speech and language. Parents "saw understanding taking place" in a short amount of time. Another frequently cited benefit stated that the parents could communicate about anything they chose, using complex words and ideas. Psychologically, two parents expressed the benefits of hope and confidence (Question 6).

With reference to mainstreaming, the most frequently noted benefit response was exposure of the child to a normal environment and the benefits of socializing with hearing children. Some parents felt that the children experienced a sense of belonging. Other parents expressed the benefit of language stimulation (Question 7).

Questions 8 and 9 on the interview form in Appendix C did not apply to this group because the children were still enrolled in NCRC.

Group 3 - Parents of children who withdrew (N=3)

Three families withdrew from the Program. The mothers were interviewed to determine the reasons for leaving and their impressions of the NCRC program. One child was removed because of a family move to another state. The other two children were taken out because the parents felt that their

hearing losses were not severe enough to warrant a "deaf program." Both families wished to pursue a primarily oral method. Both felt their children functioned like hard-of-hearing children and did not need a program using a manual "support" such as cuing (Question 2).

The first child, who moved to another state, is presently in a cued speech program and the parents are most satisfied. The mother felt indebted to NCRC for the exposure to Cued Speech and classified NCRC as the best pre-school they have experienced. Aspects of the program which they felt strongly about were the use of cued speech, the teachers, the highly structured play curriculum, the inter-parent support, and the requirement that parents be involved (Question 3).

The other two children are currently in public school programs. Both mothers felt that NCRC was an ideal nursery school setting and were attracted to the home involvement aspect and the strong teaching staff, but, as stated above, felt the program was not appropriate for their children (Question 3).

It is interesting to note that both families whose children are in oral programs are still considering cuing. One has learned cuing and uses it for speech work at home with their child. The other is closely supervising the linguistic work of their child and, if the child shows any difficulties, they will pursue cuing (Question 4).

Group 4 - NCRC Staff (N=5)

Respondents felt that five factors contribute to the strength of the NCRC Cued Speech Program. Most important is the use of cued speech methodology itself. Other points emphasized were the natural language approach, parent involvement and commitment, the involvement of the mainstream teachers and the mainstream experience. Additionally, the teacher-teacher relationships between the teachers of the deaf and the mainstream teachers were felt to be a strong point (Question 1).

Three of the staff expressed a concern about children who have entered the program at an older age and who do not have family involvement in cuing. These staff members indicated that different programming needs for children in different circumstances needed to be developed. Other concerns expressed were the funding insecurity from year to year and the need for more involvement from KDES in terms of method support (Question 2).

The staff recommended the development of alternate programming for the different types of children noted above in Question 2 (Question 3).

Group 5 - Mainstream Teachers (N=6)

The mainstreamed teachers at NCRC who had cued speech children in their classes were interviewed to find out how they responded to having a hearing impaired child in the class, what goals they set for the child, and what difficulties or problems they encountered socially and academically with the child. Six teachers were interviewed and all were in agreement that the experience of having a hearing impaired child was good. One teacher said it was her favorite aspect of working at NCRC. Four teachers agreed it was exciting to see the progress the children make and to witness understanding taking place. All teachers cue except one who just came to the program. They said that the hearing children are fascinated with cuing and consistently attempted to communicate through cue imitation (Question 3).

The main goal which all teachers agreed on regarded the expectation that each child would be a full member of the class and function as a regular pre-school and/or kindergarten child. It appears that most of the goals for both the hearing impaired children and hearing children were identical. Specific goals were noted in the area of expressive language (Question 1).

Asked about specific problems encountered with the hearing impaired children, there was general agreement that there was no problem related to deafness. Problems, whether behavioral or academic, were typical of children of their ages. Academically and socially, the hearing impaired children represented the normal range, from average to more advanced, and from shy to outgoing (Question 2 & 4).

Academically, the area of concern was language development, but the teachers felt that problems of that nature were always taken care of by the tutors. Because the staffing was excellent, any problems could be attended to. One teacher expressed concern about class numbers. She felt that hearing impaired children should be mainstreamed into smaller classes. The child she taught was one of eighteen and she felt this was much too large a class (Question 4).

Two teachers have observed a social pattern. They noted that initially the hearing impaired children sought each other out, but, after some time in the program, began integration. They also observed that, at times, the hearing children would take advantage of the cued speech children. Other behaviors typical of the hearing children was caretaking. A goal for the hearing children was to learn to treat the hearing impaired children as equals. The behaviors of seeking out the other hearing impaired children appears to be

as other behaviors. One hearing impaired boy had good friendships with both groups (Group 2).

In general, there was an element of comfort and enthusiasm from all mainstreamed teachers and they look forward to continuing to be involved with hearing impaired children.

Group 6 - Teachers of children who have completed NCRC (N=6)

As stated in the Summary of Results, five of the children who have completed the NCRC program are currently mainstreamed into school programs in the Maryland suburbs. One child is in a program in Virginia. One attends a Montessori program and the other five are in public school programs. Of the children in public school programs, three are in a specific cued speech program.

Of the current teachers, three had taught hearing impaired children before and three had not (Question 1). The three teachers who had taught hearing impaired children in the past had used oral methods. They felt the biggest noticeable difference of teaching with cued speech involved observing comprehension take place (Question 1).

Four of the six teachers are presently cuing with the child in their class. One is in the process of learning and one uses a cued speech interpreter and relies on lip reading. Responses about the benefits of using cued speech varied. Benefits expressed included the assurity that comprehension was taking place, the ability to use abstractions of language, and the ability of the child to fit into a regular classroom (Question 2). The strengths which these teachers most noticed about the hearing impaired child were the child's self-confidence, his/her good work habits, the strong interest in learning, and the language development of the child (Question 3). In addition, all six children were reported on or above academic grade level (Question 4, refer to Case History summaries in Appendix H.)

In terms of social and emotional development of the children, all but one teacher experienced the children's social and emotional skills as appropriate with their age. Three children were noted as very outgoing and friendly while three were reportedly shy. Only one child appears to have a variety of behavioral problems (Question 5). A frequent observation was that the children seem to have adjusted to their hearing loss but will occasionally express frustration with the use of auditory equipment or situations which

bring special attention to them such as the use of an interpreter. One teacher has encountered problems with speech intelligibility (Question 6).

Group 7 - Gallaudet Personnel (N=6)

All KDES personnel interviewed who had had some form of contact with the NCRC Cued Speech Program over the years agreed that the program has been successful (Question 1).

The strong point contributing to program success most often indicated by respondents was parent involvement and commitment. Other points included the "solid programming." the ideal setting of NCRC, the excellent teachers, the fact that the program had teacher of the deaf support, and that the mainstreamed teachers also cued (Question 2).

When asked about program problems or concerns, the most frequent comment concerned the difficulty of evaluation at this point: there would be weakness in evaluation because no longitudinal evaluation effort was set up at the beginning. One frequent criticism was the selectivity of the first group of children; that is, only exceptional child and parent-child units were accepted while others were screened out. Other points brought up were the funding insecurity and the relationship with the program and Gallaudet (Question 3).

Summary of Results

Questionnaire (Groups 1 and 2 - Parents of children who have completed the program and current parents)

Demographic Information

Twenty-six parents (thirteen mothers and thirteen fathers) received copies of the questionnaire and twenty parents (eleven mothers and nine fathers) responded. The majority of respondents were in the 30-39 age range with reported education backgrounds ranging from high school to M.A. degree plus coursework. The average educational background was B.A. plus coursework.

Children who have completed the NCRC program range in age from 6.5 to twelve years of age. The age range of current children is 3.0 to six years of age. Hearing losses as reported by parents for the children ranged from severe to profound. The majority have a profound loss. Children who have completed

NCRC entered the program at the average age of 3.1 and the majority were in the program for four years. The average entry age for children currently enrolled was three, and most of these children have only been in the program for 1-2 years.

Of the twenty parents responding, eighteen use cuing with their children, while two (fathers) do not. Only one response indicated that the child's siblings were also using cues.

Questionnaire Responses

Parents were similar in their responses and very little difference in responses from mothers and fathers was noted.

The first nine questions on the questionnaire dealt with general satisfaction with various aspects of the NCRC Program. Respondents were asked to agree or disagree with statements about the program. All parents agreed that NCRC was a supportive environment, that the teaching staff was very involved with the children and provided the parents with support, and that the teachers of deaf contributed significantly to the program. Most of the parents agreed that they had an excellent relationship with NCRC staff. Out of the twenty parents responding, fifteen felt that NCRC provided them with information about deafness; five disagreed. Nineteen of the parents felt that NCRC provided the children with a creative environment, that it had an excellent academic program, that the open environment of the NCRC was important to the children's educational experience.

Questions 10-16 were designed for parents whose children were in the nursery or kindergarten programs at NCRC and were concerned with the mainstreaming aspect of the program. All parents indicated that the mainstream teachers were cuing and were involved with their children. They felt that mainstreaming had contributed to the children's progress, provided language stimulation, and had broadened what was expected of the children. All but one parent indicated that their child was socializing with hearing children in their class.

In response to question 17, all parents strongly agreed that their involvement was crucial to the success of their child.

The relationship of NCRC and Kendall School was addressed in questions 18-21. The responses varied among the parents. Half of the parents agreed that KDES supported their choice of cued speech as a program option for their

child while half disagreed. Half of the parents indicated they had contact with KDES staff and half did not. Twelve parents agreed that KDES supported the NCRC program through service and technical assistance and the KDES staff was available for consultation. The majority of negative responses came from Group 1, parents whose children had completed NCRC.

Questions 22-29 dealt with Cued Speech. All parents indicated that they had observed all available methods and felt that cued speech was the most reasonable for their child. Only one parent indicated that he/she chose cued speech because it was the only method available to him/her. Three of the 20 parents indicated they chose cued speech because other methods had failed. All but two parents felt that cued speech was easy to learn. Nineteen parents felt that cued speech had unlocked their child's abilities and potential, had returned their family to being a family, is a natural way of communicating, and had enabled their child to read.

Parents were asked to list their goals for their child enrolled in the NCRC program. Goals varied but primarily encompassed three areas: 1) Development of communication skills; 2) Development of socialization skills; 3) Functioning in a hearing environment. (A complete listing of the objectives is provided in Appendix E.) Parents indicated 100% satisfaction that these goals were being realized.

A list of six factors about the NCRC program was provided for parents to rank order in terms of which contributed the most to the child's success in the NCRC program. The following is a listing of the factors in order of priority: cued speech, teaching staff, parent involvement, the NCRC environment, mainstreaming, and the child's ability.

cued speech	average rank 1.5
teaching staff	average rank 2.6
parent involvement	average rank 3.5
NCRC environment	average rank 4.4
mainstreaming	average rank 4.5
child's ability	average rank 4.6

Parents of children who had completed the NCRC Cued Speech Program (Group 1) were asked eight questions(Question 30-38) which related to their child's present skills, parent satisfaction with NCRC, and their child's progress. All parents indicated that each of their child communicates with his/her siblings and has hearing friends. All the children have deaf friends except one who lives in an area where there are no other deaf children. Of the six

children in this group, all but two are reading on or above grade level, all but one has intelligible speech, all but one speaks in complete sentences, and all are using idioms. All parents in this group were satisfied with the NCRC program and their child's progress.

Summary

As has been stated, the purpose of the present summative report on the NCRC Cued Speech Program was to review and document the outcome of the Program after seven years of operation. This evaluation has been approached primarily from the perspectives of parent satisfaction and child success. In addition, opinions have been collected from all related NCRC personnel, that is, NCRC teachers and staff, teachers presently working with children who have completed the NCRC program, and various Gallaudet personnel. This information was gathered through extensive interviews of seven groups of individuals representing parents, teachers, administrators, and Gallaudet personnel, as well as from a questionnaire which was mailed to parents. Together, these data form a picture of the NCRC Cued Speech Program with regard to its effectiveness and success with the sixteen children and families it has served over the past seven years.

The following discussion focuses on the overall outcomes of the program and the factors contributing to those outcomes; the specific components of cued speech and mainstreaming; a description of the children; the major concern about the program and how it is being responded to; and, finally, a description of its current status and future plans.

It is apparent, from comments regarding outcome, that the NCRC Cued Speech Program has been successful. Responses from all seven groups are consistent. Parents are in 100% agreement that goals for development of communication skills, socialization, and involvement with a hearing environment were achieved or are in the process of being realized. In addition, parents have been very satisfied with their experiences related to NCRC. The goals which the Program itself has set have been actualized, as evidenced in parent attitudes and in the progress made by the children. In addition, the responses from teachers of NCRC and the Gallaudet personnel interviewed are consistent in indicating the success of the Program. Dr. Cornett of the Gallaudet Cued Speech Office has expressed the success of the Program in terms

of its outcomes as a KDES pilot project in successful mainstreaming, indicating that the Program "has demonstrated that cued speech is a viable tool for supporting mainstreamed children."

A number of factors strongly contributed to the strength of the Cued Speech Program. Those factors which were most consistently discussed and emphasized by the respondents are the use of cued speech, the teaching staff, the mainstreaming experience, parent commitment and involvement, and the NCRC staff attitude toward the children. It is interesting to note that these factors, which have been observed by parents, teachers, and KDES personnel through their experience with the Program, are identical to the points strongly emphasized in the NCRC Program philosophy. Theory and practice appear in agreement. When parents were asked to rank order the various factors which contributed to the success of their children the three in order of importance were cued speech method, particular teaching staff, and parent involvement.

The philosophy of the NCRC Program stresses that the two keys which unlock the doors for a hearing impaired child are cued speech and mainstreaming. Because these components were stressed often as success indicators, parents were asked specific questions concerning these Program components in order to evaluate them specifically. It appears from the parents' responses that most of them observed the various educational approaches used for deaf education and basically chose the cued speech alternative because it "made sense." They liked the ease with which cued speech can be learned and the fact that it embodies a complete language system unto itself. Most parents felt that cued speech provided a natural way of communicating and that as a phonetic system it would lead to speech and reading. It was a method which had potential for actualizing their goals for communication and their child's functioning in a hearing environment.

Parent experience with use of cued speech appears similar. What stands out in the responses from both parent groups is that they began to "see understanding take place." (This is also the main experience shared by the mainstream teachers at NCRC and the teachers in the county program.) They have experienced release of tension in the communication process and feel that the full range of language usage is now available to them and their children. Most experienced a very obvious "taking off" in the language growth of their children.

In general parents felt that mainstreaming provided the opportunity for socialization in a hearing environment and exposed the child to natural

language. Regarding this component of the Program, the NCRC philosophy, the parent goals, and parent experience are consistent.

The mainstream teachers at NCRC appear to be in agreement that the children are successful in their mainstreaming experience in terms of academics and socialization. Teachers felt that there were no specific problems related to deafness, except language, and that any problems behaviorally or academically were problems typical of any children at their ages. The apparent reason that the teachers' language problem was minimized was due to the strong support they received from the tutorial staff and their own use of cued speech. Socially, the teachers felt that the children were definitely a part of the class and, depending on personality, were either outgoing or shy. All teachers were in agreement that the hearing children's responses to the hearing impaired were positive. The most common behavior on the part of the hearing children was caretaking. Many of the same experiences and observations were made by the teachers in the county programs who were teaching the six children who have completed NCRC. Only one teacher in that group experienced concern. She felt the child was withdrawing into "books" because of communication difficulties.

In looking at child progress/success it is important to differentiate the two groups of children being evaluated. The first group includes six children who had completed the NCRC Program at the time of interviewing. The second group comprised the seven children currently enrolled in the Program, each at various stages in programming, i.e., in the parent-infant program, in the nursery program. Regardless of the group, all children were severely to profoundly deaf.

The first six children who had completed the NCRC program were followed to their current program placements to investigate their achievement, carry-over of skills and progress since leaving NCRC. All six children are mainstreamed in their home county programs. Three of the children are enrolled in an established cued speech program, two are in classes where the teacher cues, and one is in a program where cuing is not available. The teachers of the six children in these programs were asked about the strengths the children brought with them upon entering their classes and about the academic and social functioning of the children. Parents were also asked to indicate the strengths they felt that their children brought from NCRC. The responses of parents and teachers are in agreement. Most of the teachers felt the most obvious strengths the children

brought with them were self-confidence, good work habits, strong interest in learning, and good language development. Academically, all six children are on or above grade level. Socially and emotionally the children appear to be functioning according to age level and vary in behaviors similar to other children their age.

Based on the interviews with the current teachers and parent opinion, it appears that NCRC provided an effective base from which the six children have successfully entered other programs.

The success of the second group of children (those currently enrolled at NCRC) was measured in terms of parent satisfaction with progress to date. Parents of the seven children are all in agreement that their goals for their children are being met and they are satisfied in their experience with the Cued Speech Program. They are all experiencing the changes in communication and the beginning of language acquisition as well as basic skill development.

Another group of parents was interviewed to determine the reasons for withdrawing their children from the NCRC program. One family did so due to a move to another state and still use cued speech with their child. The other two families felt that the hearing losses of their children did not warrant a "deaf program." These two families felt that NCRC was the best pre-school they had experienced and are considering the use of cued speech with their children if needed.

Criticism or concern about the program varied. The most common responses from parents dealt with the logistical problem of transportation and the distance most parents had to travel to bring their children to NCRC. A second area of concern was over the insecurity of year-to-year funding. KDES also experienced this funding dilemma in that funding was necessarily questionable from year to year. This was due to the fact that the decisions on funding of the Program could be made only after KDES's own program obligations were met and that the monies were from end-of-year funds. NCRC was not part of the regular KDES budget. Finally, there exists, primarily with the first group of parents to be involved with the Cued Speech Program, a concern over the relationship between KDES and the Program. Not surprisingly, many of the parents felt that their choice of cued speech as an educational option was not sufficiently supported by KDES. However, viewed in the light of Kendall's commitment to the Total Communication philosophy, as much support was given to this particular choice of method as would be allowable within the framework of Kendall's communication philosophy.

The tutorial staff at NCRC indicated one major concern. They have been experiencing the need for different programming to respond to children with different circumstances. It appears that the first six children ideally had all factors working in their favor; primarily, they began early in the program and they had complete parent involvement in cuing. Gallaudet personnel indicated their concern about evaluation specifically around this point, indicating that the program was too selective in enrolling only families with the child-parent unit intact. As the program progressed, children began to enter the program who either were starting at an older age and/or who did not have the total cuing environment. It became apparent that different programming needs were essential in order to obtain the same linguistic and emotional results.

NCRC has begun responding to this problem. In January, 1979, the Cued Speech Association and the teachers of the deaf from NCRC met to investigate and discuss the factors which they believed to be essential in providing quality cued speech programs. A committee was formed to research the problems and possible solutions. The result of the Committee work has been the formulation of a handbook entitled, Cued Speech Program Guidelines for administrators in which the overall philosophy of cued speech is documented and then broken down into program content for specific types of children. The three groups of children they identified are:

Type A	Includes children who entered the program early and have full home involvement with cuing.
Type B	Includes children who started late or came from a program using other methodology but who have strong home support.
Type C	Includes children who have little or no home cuing support.

Each breakdown of the type of child needing services looks at the number of tutoring hours required, the number of years of commitment to the program required from parents, and the type of language program required. The Committee has plans for providing similar guideline handbooks for parents, mainstream teachers, resource teachers, and interpreters.

It is interesting to note that the NCRC Cued Speech Program independently came to conclusions similar to those in a recent study by Gaye Nicholls of the School of Human Communication Disorders at McGill University in Montreal in July, 1979. (Cued Speech and the Reception of Spoken Language by Gaye H. Nicholls.) These studies found that if a child is in ideal conditions such as

entering a cued speech program by age three, having average intelligence, having a good school program, and having extensive and intense parent involvement with cuing, the child will come to normal language level by the time the child has doubled his or her age. They found that this is not true with children who start late and/or have less home exposure to cuing. They have found that more language tutoring through a specific curriculum and more in-school exposure to cuing was needed in order to bridge the language gap.

NCRC has incorporated these findings, and their responses to the current needs of children within the Cued Speech Program, into their future plans. Currently, the NCRC Cued Speech Program is making plans for continuance. It is in the process of obtaining financial support from KDES for the purpose of proposal writing in order to obtain funding. It is seeking funding with at least a five year commitment so that the Program at NCRC can continue in its entirety as well as expand to meet the programmatic needs discussed above. Expansion plans would include research and implementation of the options for the various types of children needing service. NCRC would like to begin using a curriculum such as the Tate Curriculum which is a curriculum approaching English as a second language and which has proved most successful with children who start a cued program late and/or have little or no family involvement in cuing (Types B and C children). The Tate Curriculum was developed for the South Pacific Commission for migrant education and is used in the Cued Speech Program at St. Gabriel's in Australia. Because it has been found that Types B and C children need the consistency and continuity of a program over a 5-7 year period, NCRC has plans to affiliate with a school which could continue with the children after they complete kindergarten at NCRC. The overall thrust for planning at this point is to continue providing quality cued speech programming with a variety of options for children.

Conclusion

It can be said that the Cued Speech Program has demonstrated very successful results in terms of the sixteen children and families it has served since 1974. Opinions collected from parents, teachers, administrators, and Gallaudet personnel support this conclusion and indicate clearly the factors which have contributed to its success. It can be seen that the consistency of the philosophy and goals with the actual experience of parents and children underlies this success. As was discussed, the primary concern about the

program is being dealt with by program staff and concrete plans are underway for the continuance and expansion of a project which has not only been a success for its children, its parents and itself, but also for Kendall School in fostering a program of this kind.

Appendix A

July 25, 1973

MEMORANDUM

TO: Education Committee
Concerned Individuals for the Educational Promotion of Cued Speech, Inc.
Mr. Jay Fellows, Chairman
Dr. Janet Weaver, NCRC
Dr. Orin Cornett, GC
Ms. Susanna Baltzer, GP
Ms. Sammie Rhea Halstead, KDES

FROM: Susanna Baltzer, GP

Attached is a draft of procedures for coordinating educational and tutoring program for children using Cued Speech through Gallaudet Preschool and the National Child Research Center for your review and comments.

Please return to Jay Fellows as soon as possible.

July 23, 1973

Information and Procedures for coordinating the Cued Speech Program between Gallaudet Preschool (GP), National Child Research Center (NCRC), Concerned Individuals, and Kendall Demonstration Elementary School (KDES).

The GP and the NCRC will coordinate the daily administration of the program and will also bring important matters to the committee.

1. Curriculum in the integrated classes will be determined by the NCRC with input as necessary from the GP.

2. Tutoring will be directly supervised and administered by the GP with the support and concurrence of the NCRC and Concerned Individuals.

3. Inservice training/orientation for NCRC Staff will be arranged by GP.

4. The GP will be responsible for providing audiologic and developmental evaluations. Involvement of the parents in the educational program, especially in the use of Cued Speech will be the responsibility of Concerned Individuals. Information regarding Cued Speech for prospective families will be provided by Concerned Individuals upon referral from the GP, KDES, or NCRC.

5. All aspects of the entire program will be evaluated by NCRC, GP, KDES, Concerned Individuals, and others authorized to do so by this committee.

GP and NCRC will coordinate the entire educational program, KDES will monitor it when necessary and bring any matters to the attention of the committee.

INTRODUCTION

A special education program to be carried out jointly by the Gallaudet College Preschool, the National Child Research Center, and the parents of children in the Gallaudet Preschool with whom Cued Speech was being used is to be implemented beginning with the Fall semester 1973.

Arrangements have been made through a contract between Gallaudet College and the National Child Research Center for the accommodation of three Gallaudet Preschool children, beginning in September to supplement the diagnostic and training services provided by the Preschool.

The children will be enrolled in the Gallaudet Preschool which will be the basic source of expertise for the program. It will be a cooperative one in which the NCRC and the parents will contribute to the decision-making process. The parent group will have charge of the orientation and initial training of the parents of the children who apply for this program. Additional children will be admitted after the parent group approves their parents as having acquired the necessary skills in Cued Speech and commitment to consistent home support.

The attached information is provided by the Education Committee, Concerned Individuals for the Educational Promotion of Cued Speech, Inc., Mr. Jay Fellows, Chairman; Dr. Janet Weaver, NCRC; Dr. Orin Cornett, GC; Ms. Susanna Baltzer, GP; Ms. Sammie Rhea Halstead, KDES.

PROCEDURES

Enrollment

Children on Cued Speech will be enrolled in the Gallaudet Preschool and attend classes and have tutoring at the National Child Research Center.

Paul Swadley will attend a full day from 9:00 a.m. to 3:30 p.m. with one hour of tutoring in Cued Speech each day. Tommy Wells and Tiri Scott will attend a half day with one hour of tutoring in Cued Speech each day. The tutoring schedule for each is to be arranged by NCRC.

Tuition

Tutition statements will be prepared by the Preschool. The Business Office, Gallaudet College, will be notified of each child's tuition and will bill parents, the county, or whoever is responsible for tuition.

Amount of tuition as determined by the contract with GC and NCRC will be $10.00 per hour for each child for an 18 week semester beginning September, 1973.

Attendance

Monthly attendance records on each child for tutoring service will be sent from NCRC to GP.

Evaluation

Audiologic: Children will have audiologic evaluations at the GC Audiology Clinic or wherever the Gallaudet Preschool children have them, unless parents prefer a clinic of their choice. Earmolds will be furnished by KDES.

Developmental evaluatons will be arranged through GP, KDES, and NCRC.

Parents

Parents in the Cued Speech program will receive GP communications for parents and participate in the activities of Gallaudet Preschool, as they desire.

Appendix B

NATIONAL CHILD RESEARCH CENTER

(NCRC)

CONTRACT RECORD

1974-1980

$ 45,000.00	SEPTEMBER 1, 1980 to JUNE 30, 1981
45,126.00	SEPTEMBER 1, 1979 to JUNE 30, 1980
44,724.00	SEPTEMBER 1, 1978 to JUNE 30, 1979
24,177.00	SEPTEMBER 1, 1977 to JUNE 30, 1978
22,665.00	SEPTEMBER 1, 1976 to JUNE 30, 1977
18,000.00	JULY 1, 1975 to JUNE 30, 1976
12,000.00	SEPTEMBER 3, 1974 to MAY 30, 1975
$211,692.00	TOTAL

NCRC Project Cost Analysis
for 1979-1980

Class Group	# of Students in Class	Tuition Cost Per Student	Tuition Cost per Class	% of Total Tuition Cost	Weighted Average Assignment of Salary and Training		Cost Per Student Per Class	
Kindergarten All Day	1	2,355	2,355	22.9	7,983	(1)	10,338	(1)
Extended Day Class	2	2,035	4,070	39.7	13,840	(2)	8,955	(1)
							8,955	(1)
Morning Nursery Class	2	1,420	2,840	27.7	9,656	(2)	6,248	(1)
							6,248	(1)
Parent/Infant Tutoring	2	500	1,000	9.7	3,382	(2)	2,191	(1)
							2,191	(1)
	7	--	10,265	100.0	3,486	(7)	45,126	(7)

$\overline{Y} = \frac{45,126}{7}$ = $6,446 cost per child per Academic Year

Appendix C

Questions used in Interviews

Groups 1 and 2 - Old and current

1. What is your general level of satisfaction?
2. What are the strong points you experienced about the program at NCRC?
3. What are limitations you encountered/problems?
4. Has your child always been in a cued speech program?
   If not what other method has been used?
5. Why did you choose cued speech for your child?
6. What are the benefits of cued speech to you and your child?
   What has it enabled you and your child to do?
7. One of the major features of the program at NCRC is the mainstreaming aspect. What benefits has that aspect provided for your child?
   What were the drawbacks/limitations/problems?
8. Long term effects of the Cued Speech Program on your child?
   Where is the child currently in school?
   Teacher?
9. What are the strengths your child brought to this new program?
   Are there any problems in the current program your child is in?
   Is your child still using cues?

Group 3 - Parents who withdrew

1. How long was your child in the NCRC program?
2. Why did you withdraw?
3. Impressions of NCRC?
4. Where is your child now?

Group 4 - NCRC Personnel

1. Why do you think the project has been successful?
   Strong points?
   Variables?
2. What have been your concerns along the way?
   Problems.
3. If done again, what would you do differently?
   Recommendations?

Group 5 - NCRC Mainstreamed Teachers

1. What are your goals for the hearing-impaired child in your class?
2. What socialization behaviors do you observe?
3. Do you enjoy teaching a hearing impaired child?
4. What are the academic problems you encounter?

Group 6 - NCRC Interviews: Teachers of Post Grads

1. Have you ever taught a hearing impaired child before? If so, what method did you use? Do you see a difference with your current child who uses cues?
2. Do you cue to your child now? What does it enable you to do?
3. What strengths did the child bring to your program?
4. How is the child doing in your class?
   Academically?
5. How is the child doing socially? Relating to other children? To adults?
6. What problems have you experienced with the child?

Group 7 - Gallaudet personnel

1. Project a success?
2. Strong points about the project?
3. Problems/concerns?

Appendix D

GROUP 1

INTERVIEWS

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

1) SATISFACTION WITH PROGRAM

- Very pleased. (2.a.)
- Excellent. (2.b.)
- Yes. (2.c.)
- Very satisfied. (2.d.)
- Pleased. (2.e.)
- Excellent. (2.f.)

INTERVIEWS

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

2) STRONG POINTS OF NCRC PROGRAM

- Total NCRC Setting - provided child with creative experience. A very positive environment. Child was very withdrawn. Program brought him out. (2.a.)
- Academic push. (2.a.)
- Mainstreaming. (2.a.)
- Teaching staff - both teachers of the deaf and hearing teachers. (2.a.)
- Freedom from the controversy over the method which they had experienced at Gallaudet. (2.a.)
- Support. (2.a.)
- Cued speech. (2.a.)
- Consistency of school and home. (2.a.)
- Hearing teachers' treatment of the child as a hearing child. They provided natural language. Not being trained as teachers of the deaf was an advantage. They would not overly simplify things for the child linguistically. Provided full language experiences. (2.a.)
- Mainstreaming. (2.b.)
- The first director of the program - very involved and supportive - had a good feel for the young child. (2.b.)
- Mary Lou and Terry - the involvement of the teachers with the children - concern and interest - the support given to parents. (2.b.)
- Cued speech. (2.b.)
- Regular classroom teachers - Learned to cue and continued interest. One is interpreting for a child now in different school setting. (2.b.)
- Mainstreaming. (2.c.)
- Teacher of the deaf with cuing. (2.c.)
- Regular classroom teachers' involvement - helped in the understanding of what children are all about - what was normal for a child. (2.c.)
- Regular classroom teachers expected normal things from the child. (2.c.)

STRONG POINTS OF NCRC PROGRAM (Continued)

- Director's support. (2.c.)
- Cued speech. (2.c.)
- Teaching staff. (2.d.)
- Mainstreamed teachers. (2.d.)
- Willingness to treat child as regular child - expecting same behaviors and achievement as normal 3, 4, or 5 year olds. (2.d.)
- Closeness between parents and teachers - availability. (2.d.)
- Setting - easy going - relaxed and comfortable and open. Encouragement of independent behavior. (2.d.)
- Academic program - not a limited program of the deaf. Teachers do not have limited outlook. (2.d.)
- Cued speech. (2.a.)
- Strongest point was mainstreaming. (2.e.)
- Involvement of hearing parents. (2.e.)
- Ratio of teachers to children 2:18. (2.e.)
- Cued speech. (2.e.)
- Teaching staff - coherent interaction of teachers. (2.e.)
- The requirement that teachers cue. (2.f.)
- Cued speech. (2.f.)
- Mainstreaming. (2.f.)
- Availability of teachers of the deaf - supportiveness. (2.f.)
- Attitude and acceptance on the part of all. (2.f.)

INTERVIEWS

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

3) LIMITATIONS/PROBLEMS ENCOUNTERED

- Due to funding problems the first year, the child received little tutoring. Worked toward full time teacher of the deaf. (2.a.)
- Needed more understanding, respect and acceptance from KDES. Wanted acceptance of the method as an alternative. Felt animosity which had begun when child was at the Gallaudet Pre-School. Parents caught in the middle of a philosophical struggle. (2.a.)
- Distance to the program - child was missing sense of community within own neighborhood. (2.a.)
- Lack of support from KDES - no special service at first. (2.b.)
- Non support of KDES for method. (2.b.)
- Would have liked KDES to be proud enough to come visit. (2.b.)
- Distance from home. (2.b.)
- Resentment toward Gallaudet Pre-School - mixed feelings about method - sentiment that cued speech was a failure - a lot of presssure on parents to drop the method. (2.b.)
- Not enough language stimulation in the regular classroom. Needed more intense work. (2.c.)
- Playground facility was not large enough. (2.d.)
- Transportation. (2.e.)
- Initially did not like the lax open environment of NCRC. (2.e.)
- Unrealistic demand for parent involvement, i.e., being on committees, picking kids up. (2.e.)
- Very few people came from KDES to observe. (2.e.)
- Gallaudet unaware of the progress made with cued speech. (2.e.)
- There should have been another teacher - overload for one person. (2.f.)
- Transportation (2.f.)
- Better if program could have been extended to cover first, second, third grades. (2.f.)

INTERVIEWS

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

4) HAS CHILD ALWAYS BEEN IN A CUED SPEECH PROGRAM? IF NOT, WHAT OTHER METHOD?

- No, began at age two in oral program, then came to Gallaudet Pre-School where began cues. Oral program was primarily speech therapy. (2.a.)

- No, began at age two at Gallaudet Pre-School - oral at first - not doing well - not satisfied, then signing - not picking up. (2.b.)

- No, began in six months of oral program at Gallaudet Pre-School. Then at 21 months began cued speech. Not progressing orally. (2.c.)

- No, two years in oral program in the County, then NCRC for two years. (2.d.)

- Yes. (2.e.)

- No, up to age four was in oral program. H&S at Childrens Hospital and the County Infant program. (2.f.)

5) WHY DID YOU CHOOSE CUED SPEECH FOR YOUR CHILD?

- Were given opportunity at Gallaudet Pre-College to observe all methods. Wanted an oral environment for the child. Due to hearing loss (corner audiogram), felt cuing would enable speech development. Liked phonetic base to carry over into reading. Wanted child to be as much a part of hearing world as possible. (2.a.)

- After trying oral and signing was given Cued Speech Handbook for Parents. It made sense. Liked it because it was the English language and would not have to learn signs: a new sign for every word. The child would learn in an analogous way to hearing children. It was closer to natural language. Cuing flowed into oral philosophy. (2.b.)

- It was a way to learn the English language. Given option to observe all methods. Not progressing orally. It was a clear and complete method. Did not need to keep learning new signs for everything. Had all you wanted. (2.c.)

- Not achieving in oral method - creating tension and frustration within family. Signing seemed overwhelming. (2.d.)

- Wanted child to be part of hearing world and part of family. (2.d.)

- Common sense of cuing. (2.d.)

- When discovered child was deaf went out and checked out all available programs. Observed all methods in terms of younger children and older. Saw the younger children on TC doing well but gaps when older. Saw age level development in cuing students. (2.e.)

- The outlook for the future it gave the parents. Other methods required an adjustment in thinking and expectation. Cued speech gave an open outlook. They could look at potential. (2.e.)

- The way cuing fit into the family. (2.e.)

- Cuing offered better academic possibilities. (2.e.)

- Observed county programs and saw that all the children were not on grade level. Investigated cuing at Gallaudet and saw video tapes. Saw reading and speech results of cuing children. Saw the confidence of the children and their comfort around hearing children. (2.f.)

WHY DID YOU CHOOSE CUED SPEECH FOR YOUR CHILD? (Continued)

- It made sense. (2.f.)
- Phonetics of it could lead to reading. (2.f.)
- Felt there was problem with signing - learning took a lot of time, but within 10-20 hours could learn cues. (2.f.)

6) WHAT ARE THE BENEFITS OF CUED SPEECH TO YOU AND YOUR CHILD? WHAT HAS IT ENABLED YOU AND YOUR CHILD TO DO? WHAT CHANGE DID YOU EXPERIENCE?

- Unlocked the child's abilities. (2.a.)
- Child is not fearful - very creative and spontaneous. (2.a.)
- Language acquisition leaped after cuing began. (2.a.)
- Parent communication - elimination of frustration. (2.a.)
- Gave hope. (2.a.)
- From tension to comfort. (2.a.)
- Could include the cues naturally in all home activities in relaxed way. (2.a.)
- Child began to cue back from the start. (2.a.)
- There is something inherent in the method. Not just NCRC and all the other positive things. It was the key that unlocked the child's potential. (2.a.)
- After not picking up much orally or with signs, the child learned 26 words the first month, then took off. (2.b.)
- Parents can be parents, don't have to be teachers. (2.b.)
- Natural way of communicating - speaking English. It models so well. (2.b.)
- So easy to learn. (2.b.)
- In signing, child's vocabulary outsteps parents' eventually. (2.b.)
- Led to very intelligible speech - child operates like hard of hearing although profoundly deaf. (2.b.)
- Cuing pulls speech and vocabulary out. (2.b.)
- Child has idiomatic language - all the nuances. (2.b.)
- Language just burst forth. (2.c.)
- Speech took off. Intelligible speech. (2.c.)

WHAT ARE THE BENEFITS OF CUED SPEECH TO YOU AND YOUR CHILD? WHAT HAS IT ENABLED YOU AND YOUR CHILD TO DO? WHAT CHANGE DID YOU EXPERIENCE? (Continued)

- Brought everything in home back to normal. (2.c.)
- Child began to respond to communication. Attended more. (2.c.)
- Parents could say whatever they wanted, i.e., baby talk, idioms, all the songs. (2.c.)
- Functions like a hard of hearing. (2.c.)
- We could be a family again. (2.d.)
- Open up the world to me as a mother - gave her freedom. (2.d.)
- Cuing has all you need in a very concise method. So easy to learn. Could say anything you want, not just simple sentence structure. All the nebulous, intangible words. (2.d.)
- Tension left. (2.d.)
- Language opened up for my child - began telegraphing language and followed normal language development. (2.d.)
- Speech just came. (2.d.)
- Cued speech offered optimism which the other method did not. (2.d.)
- Child on grade level academically - in top reading group; 2.2. level in first grade. (2.d.)
- Cuing gives the child the best of oral and TC. (2.e.)
- Understanding 100% of the time. (2.e.)
- Speech moderately intelligible (problems due to speech impediment now). (2.e.)
- Family tool. (2.e.)
- Could go anywhere and introduce new vocabulary to child. All words were possible and child could get words naturally. (2.e.)
- Testing at age four showed child on level linguistically. (2.e.)

WHAT ARE THE BENEFITS OF CUED SPEECH TO YOU AND YOUR CHILD? WHAT HAS IT ENABLED YOU AND YOUR CHILD TO DO? WHAT CHANGE DID YOU EXPERIENCE? (Continued)

- Child can rhyme and uses most language constructs. (2.e.)
- Communication began. (2.f.)
- Child's anger subsided. (2.f.)
- Parent's frustration subsided. (2.f.)
- Return to normal family life. (2.f.)
- Fear gone. (2.f.)
- Can communicate when doing anything. Constantly able to provide language. (2.f.)
- Child is on grade level. (2.f.)
- Witnessed change and language gain - a 22 month gain in 7 1/2 months. Change was dramatic from six months to a year. (2.f.)
- Jokes and idioms coming out of the child. (2.f.)

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

7) ONE MAJOR FEATURE OF PROGRAM IS MAINSTREAMING. WHAT BENEFITS? WHAT LIMITATIONS?

- Mainstreaming places your expectation of the child in a different place. Gets the child out of the deaf teacher's thinking. Very stimulating. (2.a.)
- Broadened what was expected of the child. (2.a.)
- This was always a goal for the child. NCRC provided a safe transition into mainstreaming. (2.a.)
- Child learned independent work habits. (2.a.)
- Social interaction with hearing children in a normal setting. (2.b.)
- Any special needs were taken care of so no limitations. (2.b.)
- Gave parents familiarity with hearing children the same age. Could see what they talked about and their behavior. Could see what were normal language patterns at that age. (2.c.)
- Socialization. (2.c.)
- Limitation was that integration did not really contribute to language. Home and tutoring had the greatest effect. (2.c.)
- Provided normal environment. (2.d.)
- Peer acceptance. (2.d.)
- Exposure to normal everyday hearing children's language. (2.d.)
- Socialization skills. (2.e.)
- Normal language exposure. (2.e.)
- Confidence to live in a hearing world. (2.f.)
- My child knows understanding is possible. (2.f.)
- No drawbacks. (2.f.)

INTERVIEWS

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

8) LONG TERM EFFECTS OF NCRC PROGRAM. WHERE DID CHILD GO FROM NCRC?

- Child went to program in Fairfax County for two years - complete mainstreaming. Teacher cued and had support services of deaf teacher four times/week and speech therapy. Some of the hearing children were cuing. Now in program in Williamsburg. Completely mainstreamed. Teacher does not cue. Three 30 minutes of speech therapy/week. (2.a.)

- She went to oral program for two years - presently in program in Montgomery County where they have begun cued speech program as result of the parents. Even have a Cued Speech Club for hearing children. (2.b.)

- Entered oral program in public school in Prince George's County. Teacher aide cues one hour/day. Has been there for 2nd through 4th grades. Teacher uses phonic ear. (2.c.)

- One year in County cued speech program. Has interpreter all day. Resource one hour/day; speech 1/2 hour/day. (2.d.)

- One year in County cued speech program. (2.e.)

- Is in a Montessori program where teacher and other children are cuing. (2.f.)

INTERVIEWS

PARENTS OF CHILDREN WHO HAVE COMPLETED NCRC

9) LONG TERM EFFECTS. WHAT ARE THE STRENGTHS YOUR CHILD BROUGHT TO NEW PROGRAM?

- Spontaneity and not fearful. (2.a.)
- Independent work habits. (2.a.)
- Two years ahead of grade level in reading. (2.a.)
- One year ahead in language. (2.a.)
- Child is part of gifted and talented program. (2.a.)
- Reading at grade level. (2.b.)
- On grade level (little behind in math) in all subjects. (2.a.)
- Oral skills. (2.b.)
- On grade level - very good in spelling. (2.c.)
- Good language. (2.c.)
- Good rapport with adults. (2.c.)
- Good listener and attention span. (2.c.)
- Self-esteem and self-confidence. (2.c.)
- Uninhibited. (2.c.)
- Good academic level. (2.c.)
- Language. (2.c.)
- Use of residual hearing. (2.c.)
- Attending skills. (2.c.)
- On grade level. (2.f.)
- Ability to function in a mainstream setting. (2.f.)

GROUP 2

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

1) GENERAL LEVEL OF SATISFACTION

- Very good. (5.a.)
- Most definitely satisfied, even after only four months. (5.c.)
- Great. (5.b.)
- Excellent. (5.d.)
- Fantastic. (5.e.)
- Very satisfied. (5.f.)
- Generally good. (5.g.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

2) STRONG POINTS OF PROGRAM

- People at NCRC are so committed to their work. They really care about the children. Concern for family and helpful ideas. (5.a.)
- High level of expertise. (5.a.)
- Cued speech. (5.a.)
- Only been involved four months, but everything strikes her as strong. (5.c.)
- They know so much about deafness. (5.c.)
- Teachers really like children - very positive attitude toward them. (5.b.)
- Cuing. (5.b.)
- Mainstreaming. (5.b.)
- Acceptance of the handicap. NCRC wants to teach the hearing impaired children. (5.b.)
- Educational program - the sharing and all the children working together. (5.b.)
- Atmosphere. (5.b.)
- Teaching staff. (5 b.)
- Mainstreaming - the hearing children's reaction. (5.d.)
- Mainstreaming. (5.e.)
- Flexibility to meet the needs of the child. (5.e.)
- Teacher of the deaf. (5.e.)
- General awareness about children: growth and development. (5.e.)
- Enthusiasm. (5.e.)
- Regular classroom teachers. (5.e.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

STRONG POINTS OF PROGRAM (Continued)

- Teamwork between teacher of the deaf, regular teacher and parent. (5.e.)
- Teachers. (5.f.)
- Mainstreaming. (5.f.)
- Cues. (5.f.)
- Good teachers. (5.f.)
- Dedication and positive attitude toward cuing. (5.g.)
- Program structure. (5.g.)
- Open environment. (5.g.)
- Mainstreaming. (5.g.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

3) LIMITATION/PROBLEMS

- Transportation - no help with that - why not KDES provide. (5.e.)
- Inadequate funding limits them, i.e., personnel. (5.a.)
- Programming too slow: wanted child more involved this year. Should have a lot more instruction. (5.a.)
- Transportation. (5.c.)
- None. (5.b.)
- Transportation 70 miles/day. (5.d.)
- Over-expectation of parent involvement. (5.d.)
- Grudging support of KDES. (5.d.)
- Uncertainty from year to year of program continuance. (5.d.)
- Transportation and distance 100 miles/day. (5.e.)
- Distance put limitation on friendships. (5.e.)
- Program is not long enough, would like to see it extend to more grades. (5.f.)
- Need more teachers of the deaf because needed more tutoring. (5.f.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

4) HAS CHILD ALWAYS BEEN IN A CUED SPEECH PROGRAM?

- Yes. (5.a.)
- No - was at D. C. General for speech classes for two years. (5.c.)
- Yes. (5.b.)
- Yes, child began NCRC at three, but parents have been cuing since child was two. (5.d.)
- No - child was in oral-auditory program for two years then oral county program. (5.e.)
- No - was in oral program at Hearing and Speech Clinic.
- No - three years in TC program.

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

5) WHY DID YOU CHOOSE CUED SPEECH?

- Looked at different programs. KDES explained that there were three approaches. Talked with Dr. Cornett. Felt his concern for children and his expertise. Felt he was asking the right questions. (5.a.)

- With cued speech the child could learn language the way hearing children do. (5.a.)

- KDES recommended. Liked that speech was emphasized. (5.c.)

- Observed signed programs. Oral seemed overwhelming. (5.b.)

- The normalcy of cued speech appealed. Could speak to child the way you'd speak to any child. (5.b.)

- The phonetic aspect. (5.b.) - made sense.

- Felt child could achieve goals with cuing: i.e., could communicate and be accepted in hearing world. (5.b.)

- Lived in area where no programs were available. Read about all methods and made contacts. Did not like the statistics of Total Communication. (5.d.)

- Wanted child to read and felt cued speech made that more possible. (5.d.)

- Cued speech seemed more logical. (5.d.)

- Slow language development in past program. (5.e.)

- Wanted program that would capitalize on child's vocalization. Then observed children at NCRC and was completely impressed with results. (5.f.)

- Easy to learn. (5.f.)

- Observed at NCRC. The fact that NCRC children were reading at grade level. (5.g.)

- Cuing was a complete system. (5.g.)

- Could share abstract concepts such as religion. (5.g.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

6) WHAT ARE THE BENEFITS OF CUED SPEECH TO YOU AND YOUR CHILD? WHAT HAS IT ENABLED YOU AND YOUR CHILD TO DO?

- The program at NCRC helped mother adjust to deafness. (5.a.)
- The actual "seeing" understanding take place. (5.a.)
- Gave hope. (5.a.)
- Child can process new information very quickly. (5.a.)
- Child is 3 1/2 and starting one word utterances. (5.a.)
- It's a tool that allows family to treat the child like normal child. (5. a.)
- Only been in program four months and parents see "a lot of progress". (5.c.)
- More speech and language. (5.c.)
- Enabled us to live normally - don't have to be going to classes. (5.b.)
- Child can always understand. (5.b.)
- Child communicating in full sentences at three years. (5.b.)
- Saw changes right away within 4-5 months - one word utterances began. (5.b.)
- Child appears to be beginning to close the gap - language is approximately on grade level. (5.b.)
- Child really uses residual hearing - beginning to function like hard of hearing. (5.b.)
- Cuing allows us to communicate complex words and ideas. (5.b.)
- Feeling of confidence. (5.b.)
- Could communicate all the time with child. (5.d.)
- There isn't anything we cannot tell the child. Can get as complex as we want to. (5.d.)
- Child picked up things right away. (5.f.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

WHAT ARE THE BENEFITS OF CUED SPEECH TO YOU AND YOUR CHILD? WHAT HAS IT ENABLED YOU AND YOUR CHILD TO DO? (Continued)

- Mother able to say anything she wants to the child. (5.f.)
- Hope. (5.f.)
- Child using words and phrases in speech. (5.f.)
- Within a few months, child began to vocalize and now uses isolated words. (5.f.)
- Much more understanding taking place. (5.g.)
- Easier to explain things. (5.g.)

INTERVIEWS

RESPONSES FROM CURRENT PARENTS

7) MAINSTREAMING: WHAT BENEFITS?

- Child is not yet in that aspect of the program, but parent feels it is good because of the exposure to a normal environment. Feels child will not pick up deafness. (5.a.)

- That child could be in normal environment and communicate. (5.c.)

- Child is very outgoing and mainstreaming is a good learning situation. Child is ready to socialize a lot. He is absorbing so much and a normal setting will give him a lot. (5.b.)

- Exposure to oral behavior - child is more aware that the others use speech and listen. (5.d.)

- Child's sense of belonging, "one of the gang". Her differences not stressed. (5.d.)

- Being with hearing children - learning normal social patterns. (5.e.)

- Would help child to cope with hearing world. (5.f.)

- Not restrict her to only use of signs. (5.g.)

- Better language stimulation. (5.g.)

GROUP 3

INTERVIEWS

PARENTS OF CHILDREN WHO WITHDREW

1) HOW LONG WAS CHILD IN THE NCRC PROGRAM

- 6 months (2.j.)
- 1 month (1.j.)
- 3 months (3.j.)

INTERVIEWS

PARENTS OF CHILDREN WHO WITHDREW

2) WHY DID YOU WITHDRAW YOUR CHILD

- Because loss is moderate and didn't like seeing the child in a group of profoundly deaf children. Felt he would be treated like a deaf child. (2.j.)

- When child received hearing aid, she exhibited a tremendous increase of hearing. She functions like the hard of hearing. Did not want to give her the crutch of cuing. (1.j.)

- Had to move to different state. (1.j.)

INTERVIEWS

PARENTS OF CHILDREN WHO WITHDREW

3) IMPRESSIONS OF NCRC

- Not involved long enough to give adequate evaluation, but liked the emphasis on language. An excellent pre-school program. (1.j.)

- Most ideal nursery school; liked the home environment and teachers. (2.j.)

- The best pre-school I've seen. Liked the highly structured play activities and the teachers. Also the parent support of one another, the required involvement. I feel indebted to NCRC for starting us on Cued Speech. (3.j.)

INTERVIEWS

PARENTS OF CHILDREN WHO WITHDREW

4) WHERE IS YOUR CHILD NOW

- In cued speech program. (3.j.)
- In public school program. Use cuing as a speech tool at home. (2.j)
- we are watching our child work linguistically and if need be will pursue cuing. (1.j.)

GROUP 4

INTERVIEWS

RESPONSES FROM NCRC PERSONNEL

1) WHY PROJECT SUCCESSFUL? STRONG POINTS (Continued)

- Strongest point has been consistent involvement and support of initial teacher (Mary Lou Barwell). Given consistent philosophy. (1.a)

- Approach: Natural language - Mainstreaming teachers good at natural language - aren't hung up on simplifying. (1.a)

- Family involvement - NCRC has worked toward this - a lot of work - realize they need this element and have nurtured it. Some parents arrived with commitment but others had to be worked with. (1.a.)

- Use of cued speech. (1.a.)

- Autonomy of project. (1.a.)

- Subtle variable: Philosophy of the child: treating whole child - child has feelings and sensitivities. Built in philosophy of looking at and knowing children. How you treat children - give and take - with good language approach you can talk to the child about what you are doing. Cuing allows for natural language and allows sensitivity. (1.a)

- The looking at the deaf child as just another child, including him/her in everything. Limiting the special treatment. (1.a.)

- Hearing child benefits from the hearing impaired. Learning about differences. Hearing impaired child is one to be appreciated. Learning about coping. (1.b.)

- Setting at NCRC - hearing impaired child has freedom and independence. The openness of the environment. (1.b)

- Staffing of the project - positive aggression - going the extra mile. Well-rounded group. The enthusiasm has been crucial. (1.b.)

- Continuity, commitment and loyality of staff. Instill this in parents. (1.b.)

- Use of cued speech. (1.b.)

- Parent commitment - require full participation of parents. (Meetings and cuing). Staff involvement with parent. (1.b.)

INTERVIEWS

RESPONSES FROM NCRC PERSONNEL

WHY PROJECT SUCCESSFUL? STRONG POINTS (Continued)

- The zest of the first group of parents. Really made a difference. They were the PR for the project. Sustained the program at the onset. (1.b.)

- Parent involvement due to three factors. (1.c.)

  (1) Parents - not necessarily exceptional. Characteristic of being persistent. Strong parents - searched out program.

  (2) Why NCRC deals with parents - require them to cue - help them believe in high goals and efficacy of method - individual approach to each family - help parents learn how to equip child for his/her learning.

  (3) Cued Speech - enables parents to become supportive and stimulates success. Parents can see results - provide strong motivation. Enables parents to be in the realm of parenting, treating their child like hearing.

- All regular teachers, teachers of the deaf and parents committed to cued speech and understand how to make it work. (1.d.)

- Use of cued speech. (1.c.)

- Language Approach - gear toward getting to child's inner language - a natural approach, not structured.

- Consistency and continuity in underlying philosophy and how child learns. (1.c.)

- Time element - minimum two years for child to internalize cues and get automatically set in mind. Starts slow then picks up and goes on.

- Integration with hearing - ideal setting - with regular classroom teachers cuing, child feels at home, comfortable and is part of communication. (1.c.)

- What you need are:

  (1) belief in method

  (2) quality, consistency, and accurate cuing

  (3) commitment

INTERVIEWS

RESPONSES FROM NCRC PERSONNEL

WHY PROJECT SUCCESSFUL? STRONG POINTS (Continued)

- Use of cued speech. (1.d.)
- Parent-teacher support - the close relationship. (1.d.)
- Teacher-teacher relationship. (1.d.)
- Hearing teachers - support of cued speech - flexibility in scheduling. (1.d.)
- Parents of hearing children. (1.d.)
- The good communication between the mainstream and tutorial components. Cooperation - availability of one to another. (1.e.)
- Ability expectancy by the mainstream teachers. (1.e.)
- Creative emphasis of NCRC. (1.e.)
- Use of cued speech. (1.e.)

2) WHAT ARE CONCERNS ALONG THE WAY? PROBLEMS

- The tension from year to year - never knowing what would happen due to reliance on end of year funds. Parents and NCRC never knew. (1.a.)

- Needed more contact with KDES personnel - more than brief observation. (1.a.)

- Recruitment - intake is done at KDES. Concern that NCRC program not given as equal option. Is option given to parents? No one sent over (parents) to just visit. (1.b.)

- Distance from KDES staff - 1979-80 first year that liaison person assigned. (1.b.)

- The set-up

  (1) Not good for child whose parents are not supportive. Now trying to explore programming for that kind of child. Does not mean cued speech does not work with parents who are not supportive. Means you need different program set up.

  (2) No facilities or funding to develop new programming. Initial set-up of program was for child with involved parents. (1.c.)

- KDES does not understand program - preconceived notion about cued speech. (1.c.)

- Insecurity of funding. (1.c.)

- Where do children go from NCRC? Montgomery only county with program. (1.c.)

- Should have had longitudinal study and evaluation. (1.c.)

- Programmatic concern (not a problem of the method)

  (1) Not enough tutoring for the child who is a "late starter" who comes in older with low level language.

  (2) Not enough tutoring for child whose parents don't cue. Growth is slower.

  Need different programming for certain cases. (1.d.)

INTERVIEWS

RESPONSES FROM NCRC PERSONNEL

3) WHAT ARE CONCERNS ALONG THE WAY? PROBLEMS

- Concern about the change in the type of child and programming needs. The latter group of children: expressive language is not commensurate with receptive. Believe this a problem in the technique of teaching rather than method, where emphasis has been placed on the receptive rather than expressive. (l.e.)

- The last groups of children have been linguistically different. Original groups (upper middle class background, both parents involved in cuing, initial zeal). Now - a different drive, different background of children, not as strong a family support. Old group had early ID and closed world of cuing. Present group is less verbal - communicatively and linguistically not as sophisticated -- started program later, different parent involvement. All this leads to different programming needs - more structure and possibly self-contained settings. (l.e.)

INTERVIEWS

RESPONSES FROM NCRC PERSONNEL

4) RECOMMENDATIONS

- Need PR person - outside support like the zest of first family group. (1.b.)
- Consideration of different children, i.e., child who starts late and child whose parents are not supportive. Need alternate programming. (1.c.)
- More available tutoring time for children. (1.d.)
- Extend program age to seven or eight to accommodate late comers as well as to permit children to get firmly grounded in academics before being sent out. (1.d.)
- Because NCRC is a mainstreamed setting and parent cuing is essential in this kind of program, make certain parents clearly understand that if they choose this kind of set up that they must cue at home. That a parent knows if this is their option, their involvement is crucial. (1.d.)

GROUP 5

INTERVIEWS

RESPONSES FROM MAINSTREAMED TEACHERS AT NCRC

1) <u>WHAT ARE YOUR GOALS FOR THE HEARING IMPAIRED CHILD IN YOUR CLASS?</u>

- Expressive language. (8.a., 8.b.)
- To orally respond. (8.a., 8.b.)
- Same goals as for hearing children in all academics and behavior. (8.a., 8.b.)
- Expect child to be full member of the class. (8.a., 8.b.)
- Develop friendships and communicate. (8.c., 8.d.)
- Language development. (8.c., 8.d.)
- To function as the other children. (8.e., 8.f.)
- Expressive language. (8.e., 8.f.)

INTERVIEWS

RESPONSES FROM MAINSTREAMED TEACHERS AT NCRC

2) WHAT SOCIALIZATION BEHAVIORS DO YOU OBSERVE?

- Not many. (8.a., 8.b.)
- Cued speech children tend to stay together. (8.a., 8.b.)
- Hearing impaired children stick with hearing impaired children. 8.c., 8.d.)
- Sometimes the hearing children take advantage. (8.c., 8.d.)
- Try to get hearing children to treat the cued speech equally. Many try to take care of them. (8.c., 8.d.)
- After time, more integration of friendships. (8.c., 8.d.)
- Hearing children attempt cuing. (8.c., 8.d.)
- Very individual behaviors - cannot generalize. One child is shy. One very outgoing. (8.e., 8.f.)
- Good friendships. (8.e., 8.f.)
- Hearing children treat them as any other child. (8.e., 8.f.)

INTERVIEWS

RESPONSES FROM MAINSTREAMED TEACHERS AT NCRC

3) DO YOU ENJOY TEACHING HEARING IMPAIRED CHILDREN?

- Loved it. (8.a.)
- My favorite thing. (8.c.)
- Yes and saw enormous progress. (8.e., 8.f.)

INTERVIEWS

RESPONSES FROM MAINSTREAMED TEACHERS AT NCRC

4) WHAT ARE THE ACADEMIC PROBLEMS YOU ENCOUNTER?

- Some language. (8.a., 8.b.)
- Language, but any problem the tutors would handle. (8.c., 8.d.)
- Saw great academic progress. (8.e., 8.f.)

GROUP 6

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

1) HAVE YOU EVER TAUGHT HEARING IMPAIRED CHILDREN BEFORE? IF SO, WHAT METHOD DID YOU USE? DO YOU SEE A DIFFERENCE WITH YOUR CURRENT CHILD AND THE USE OF CUES?

- No. (7.a.)

- Taught an oral child for awhile. There is tremendous difference between that child and the one I have now. She needed more help - I had to write things to the child and was not even sure then if she would understand. I also could not understand her. But my current child who is on cues - I am certain that comprehension is taking place. (7.b.)

- Yes, I used the oral method. Was trained in that. The biggest difference I find is the ease in explaining things to the children. I can use the full range of language expressions not just repetition. It has enabled me to just teach using cuing as a tool. I can get into abstractions and subtle humor. (7.c.)

- No, but I had heard how difficult it was to teach deaf children and have been amazed at how easy it has been to work with this child. (7.f.)

- Yes, oral children. This child is in "better shape" but difficult to compare because he is a very bright child. That is primarily the difference. (7.g.)

- No. (7.h.)

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

2) DO YOU CUE TO THE CHILD NOW? WHAT DOES IT ENABLE YOU TO DO?

- Yes, it assures me that comprehension is taking place. I combine cues with written material. (7.a.)

- No, I'm just learning. (7.b.)

- Yes, enables me to be a teacher. It is easy to use. I don't have to limit my teaching and be obsessed with language analysis. I can get into abstractions and subtle humor. (7.c.)

- Yes, it enables me to include the child as a full member of the class. He doesn't need special attention. He can do everything that everyone else does. (7.f.)

- No, child has an interpreter. Child seems to adjust to non-cuers. Within a new context will rely on the interpreter, but is excellent lip reader and will stop using interpreter. (7.g.)

- Yes, provided me with a lot of comfort. Enabled the child to have a regular, normal classroom experience, just like the other children. The child was comfortable. It enabled linguistic freedom. It was exciting to know the child was understanding. (7.h.)

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

3) WHAT STRENGTHS DID THE CHILD BRING TO YOUR CLASSROOM?

- Highly developed vocabulary for 1st grader. (7.a.)
- Self-confidence. (7.a.)
- Able to fit into a mainstream situation. (7.a.)
- Good work habits. (7.a.)
- The potential of being above grade level. (7.b.)
- Strong interest in learning. (7.b.)
- No need to "spoon feed". (7.b.)
- Would stick up for himself - for his needs. (7.b.)
- Intelligible speech. (7.c.)
- Use of residual hearing. (7.c.)
- Sense of humor. (7.c.)
- Use of language - make up poems and limericks. (7.c.)
- Love poems. (7.c.)
- On level with writing. (7.c.)
- Use cues herself. (7.c.)
- Time concepts. (7.d.)
- Use of residual hearing. (7.d.)
- Her receptive language is on level. (7.d.)
- Sense of humor. (7.d.)
- Adjustment and good learning in mainstream setting. (7.d.)
- Reading above grade level. (7.c.)

WHAT STRENGTHS DID THE CHILD BRING TO YOUR CLASSROOM? (Continued)

- Very good language.
- He's a story teller. (7.e.)
- Self-confident. (7.e.)
- All use of tenses are appropriate. (7.e.)
- Uses metaphors. (7.e.)
- Excellent work habits - he was orderly and followed through on all tasks. (7.i.)
- Independence. (7.f.)
- Very sociable; initiator at play and in developing friendships. (7.f.)
- Good math skills. (7.f.)
- Enthusiam and happy and responsive. (7.f.)
- Excellent lip reader. (7.g.)
- Bright. (7.a.)
- Enthusiasm for learning. (7.g.)
- Good work habits. (7.g.)
- Above grade level. (7.g.)
- Good sense of humor. (7.h.)
- Hard worker. (7.h.)
- Outgoing. (7.h.)
- Self-confidence was strong. (7.h.)
- Bright child. (7.h.)
- Made friends quickly. (7.h.)

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

4) HOW IS THE CHILD DOING ACADEMICALLY?

- Child is speaking. (7.a.)
- He is above grade level in reading. In first grade he reads second grade books. (7.a.)
- Math problems. (7.d.)
- He asks for more work all the time. (7.c.)
- Works independently. (7.b.)
- Won the spelling bee. (7.b.)
- On grade level in all subjects except above in reading. He is reading at seventh grade level though he's in fifth grade. (7.b.)
- Doing well - some reading problems but feels that they are due to other problems besides loss of hearing. (7.c.)
- Doing well on level. She has perceptual/motor difficulties which cause problems. (7.d.)
- Fine - on grade level - above grade level in reading. (7.e.)
- On grade level in most everything, a little behind in written expressive language. (7.f.)
- On grade level in Math. One year above grade level in reading. (7.g.)
- When child came was below grade level in reading, but quickly adjusted.
- Presently on grade level in everything. Strong in spelling and creating writing. (7.h.)

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

5) HOW IS THE CHILD DOING SOCIALLY/EMOTIONALLY?

- Child has lots of friends - was shy at first. (7.a.)
- Sometimes he wants his own way. (7.a.)
- I feel he is very typical in relationship strengths and weaknesses. (7.a .)
- Good rapport with adults. (7.a.)
- Other children seek him out for friendships. (7.a.)
- Other children initially teased him. (7.b.)
- He is very independent - books are his best friends. (7.b.)
- He has normal interactions with hearing children but sometimes grows impatient with them when they don't understand him. (7.b.)
- She sometimes shows she feels it is not fair that she is deaf - sometimes sensitive and refuses help. (7.c.)
- Very popular and has many friends. (7.c.)
- Passive child - need to draw her out. (7.d.)
- Lack of self-confidence. (7.d.)
- Has friends but is cautious in making them. (7.d.)
- Emotionally mature and accepting about his handicap. (7.e.)
- He is shy but feel that is his personality. (7.e.)
- Very sociable. (7.f.)
- His close friends learned to cue. (7.f.)
- Happy child. (7.f.)
- Shows frustration when he is not understood but will persist. (7.f.)
- Immature peer relationship skills. (7. .)

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

HOW IS THE CHILD DOING SOCIALLY/EMOTIONALLY? (Continued)

- Angry and frustrated. (7.g.)
- Resents interpreter and special hearing aid at times. (7.g.)
- No friends. (7.g.)
- Excellent social skills. Has lots of friends and very well liked. (7.h.)
- Good rapport with adults. (7.h.)
- Well adjusted child. (7.h.)

INTERVIEWS

RESPONSES FROM TEACHERS OF POST GRADS

6) DID YOU EXPERIENCE ANY PROBLEMS WITH THE CHILD?

- Would sometimes get annoyed that the interpreter was always there. (7.e.)
- At the beginning, it took me awhile to learn how to work with him. (7.b.)
- Requires that I develop more written materials.
- Problem with our program. Child does not have anyone to cue to him so he is going into self and books. We do not have the staff to meet his needs. He is a gifted child and we can't expand on that yet. (7.b.)
- Stubborn. (7.c.)
- Not as expressive orally as could be, have to pull it out.
- Shy. (7.e.)
- Speech not intelligible at first. (7.f.)
- Social/emotional - handle problems like a younger child. (7.g.)
- At times resisted being made special, i.e., use of interpreter. (7.h.)

GROUP 7

INTERVIEWS

RESPONSES FROM GALLAUDET PERSONNEL

1) WAS PROJECT A SUCCESS?

- Yes, in terms of children's expressive language. (1)

- If you can get that kind of setting together, you can do anything. Cued speech was successful with those four children. That's all you can say with regard to cued speech. (2)

- Yes. (4)

- Yes. Most positive conclusion. Given optimal conditions, a program can demonstrate such success. (3)

- Yes - fantastic. (6)

- Yes. (9)

- Yes, in terms of the first six children the major outcome was that the program shows cued speech is a viable tool for mainstreaming. (5)

INTERVIEWS

RESPONSES FROM GALLAUDET PERSONNEL

2) STRONG POINTS OF PROJECT

- Level of parent involvement - mandatory. (1)
- Interaction with hearing children. (1)
- Hearing teachers also cuing. (1)
- Design of program - extensive support mainstreamed integral unit. (4)
- Parent's commitment. (4)
- Educational program - sound developmental program. (4)
- Strong parent support. Hard to evaluate parent dimension. This has been so strong. (3)
- Ideal setting. (3)
- NCRC setting - the program situated in a regular setting. (9)
- Having teacher of the deaf and speech therapist to help the regular classroom teacher. (9)
- High motivation. (9)
- Parents. (9)
- Relationship with KDES - provision of support resources. (9)
- Excellent teachers. (6)
- Small number of children. (6)
- Parent involvement and support - level of their understanding and carry over at home. (6)
- Children themselves (enthusiasm for integration). (6)
- Solid programming. (6)
- Support of NCRC community and hearing part of school. (6)
- Cued speech. (6)

STRONG POINTS OF PROJECT (Continued)

- Contribution of the home. (5)
- Quality of the tutoring. (5)
- Mainstreaming and that those teachers cue. (5)
- Emphasis on early childhood development. (5)
- They look at children as children. (5)

INTERVIEWS

RESPONSES FROM GALLAUDET PERSONNEL

3) PROBLEMS/CONCERNS

- When child leaves, parent's battle to find program for continued cuing. (1)
- No establishment of long term follow-up. (1)
- White upper middle class children. (1)
- No long term evaluation set up. (1)
- Was the first older group more selective? New group - different - loosening up on standard. (1)
- Continued funding - end of year monies. (4)
- Recruitment of students and type of students - realism of assessment. (4)
- Because parent wants, doesn't mean its the best method for the child. (4)
- Major concern of program will probably be around contractual issue. Should have been more specific in an agreed upon expectation that project would have become self-supporting at some future date. Recommend that future project be more clear about this. (3)
- Weakness was that no formal evaluation system throughout the project was undertaken. Looks like there was informal contract over any evaluation attempts. Question objectivity of evaluation. Some involvement of KDES. (3)
- Evaluation drawbacks: untrustworthy because of source, i.e., parents, teachers - very biased. Cued speech is a political issue. If they give regular evaluation, it is betrayal of the movement. (2)
- Very intensive screening of children accepted selective parent-child unit. (2)
- Lack of process of on-going evaluation and monitoring. (6)
- Insecurity - due to question of continuance - anxiety. (6)
- Needed more KDES involvement and support. (6)
- Political struggle with Gallaudet over method - the attitude of Kendall and Gallaudet toward method. (6)

INTERVIEWS

RESPONSES FROM GALLAUDET PERSONNEL

PROBLEMS/CONCERNS (Continued)

- Funding insecurity. (5)
- Administration change. (5)
- Physical environment. (5)
- No long-term evaluation. (5)
- Need to look at different types of children - the first group was exceptional in having all factors present. Second group has different program needs. (5)

Appendix I

PLEASE DO NOT PUT YOUR NAME ON THIS FORM

CUED SPEECH PROGRAM QUESTIONNAIRE
FOR PARENTS

SEX	AGE RANGE	EDUCATIONAL BACKGROUND	
M ☐	20-29 ☐	High School	_____
F ☐	30-39 ☐	Bachelor's Degree	_____
	40-49 ☐	Bachelor's Degree and Additional Coursework	_____
	50-59 ☐	Master's Degree	_____
	50-69 ☐	Master's Degree and Additional Coursework	_____
		Doctoral Degree	_____

AGE OF CHILD _____

CHILD'S RATED HEARING LOSS (R) _____ (L) _____

AGE WHEN CHILD STARTED NCRC _____

NUMBER OF YEARS AT NCRC _____

ARE YOU ACTUALLY CUING WITH YOUR CHILD? YES _____ NO _____

NUMBER OF BROTHERS AND SISTERS _____

ARE SIBLINGS CUING? YES _____ NO _____

CIRCLE ONE NUMBER WHICH BEST REPRESENTS YOUR FEELINGS TOWARDS EACH STATEMENT

GENERALLY SPEAKING

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1. NCRC is a supportive environment.	1	2	3	4
2. The NCRC environment provided my child with a creative experience.	1	2	3	4
3. The NCRC program was an excellent academic program.	1	2	3	4
4. The open environment of NCRC is very important to my child's educational experience.	1	2	3	4
5. The teaching staff at NCRC are very involved with my child.	1	2	3	4
6. The teachers of the deaf at NCRC contributed significantly to my child's progress.	1	2	3	4
7. The teachers at NCRC provided me with support.	1	2	3	4
8. The NCRC staff provided me with knowledge about deafness.	1	2	3	4
9. I had an excellent relationship with the NCRC staff.	1	2	3	4

IF YOUR CHILD HAS BEEN IN THE NURSERY OR KINDERGARTEN PROGRAM AT NCRC, PLEASE ANSWER THE FOLLOWING. IF HE/SHE HAS NOT, GO TO THE NEXT PAGE.

		YES	NO
10.	Do the regular classroom teachers cue?	_____	_____
11.	Are the regular classroom teachers involved with your child?	_____	_____
12.	Do you feel mainstreaming has contributed to your child's progress?	_____	_____
13.	Does your child socialize with the hearing children in his/her class?	_____	_____
14.	Does mainstreaming provide your child with independent work habits?	_____	_____
15.	Has mainstreaming provided a language stimulation for your child?	_____	_____
16.	Has mainstreaming broadened what you expected of your child?	_____	_____

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
17.	I feel my involvement is crucial to the success of my child.	1	2	3	4
18.	Kendall School provided support for the NCRC program through services and technical assistance.	1	2	3	4
19.	Kendall School supported my choice of cued speech as a program option for my child.	1	2	3	4
20.	The Kendall Staff was available to me for consultation.	1	2	3	4
21.	I had contact with staff members at Kendall School.	1	2	3	4
22.	I chose cued speech for my child because it was the only method available to me.	1	2	3	4
23.	I observed all other methods and felt cued speech to be the most reasonable.	1	2	3	4
24.	I chose cued speech because other methods had failed.	1	2	3	4
25.	Cued speech is easy to learn.	1	2	3	4
26.	Cued speech has enabled my child to read.	1	2	3	4
27.	Cued speech unlocked my child's abilities and potential.	1	2	3	4
28.	Cued speech has returned my family to being a family.	1	2	3	4
29.	Cued speech is a natural way of communicating.	1	2	3	4

What were/are your goals for your child while in the NCRC program?

_____

_____

_____

_____

_____

_____

_____

_____

	YES	NO
Are your goals being realized?	_____	_____

RANK ORDER THE FOLLOWING IN TERMS OF WHICH HAVE CONTRIBUTED MOST TO THE SUCCESS OF YOUR CHILD IN THE NCRC PROGRAM.

THE ENVIRONMENT	_____
TEACHING STAFF	_____
CUED SPEECH	_____
PARENT INVOLVEMENT	_____
MAINSTREAMING	_____
CHILD'S NATURAL ABILITY	_____

IF YOUR CHILD HAS COMPLETED THE NCRC PROGRAM, PLEASE ANSWER THE FOLLOWING.

	YES	NO
30. Is your child's speech intelligible?	_____	_____
31. Does your child speak in complete sentences?	_____	_____
32. Does your child use idioms?	_____	_____
33. Does your child read on grade level or above?	_____	_____
34. Does your child have hearing friends?	_____	_____
35. Does your child have deaf friends?	_____	_____
36. Does your child communicate with his/her siblings?	_____	_____
37. I am very satisfied with the NCRC program.	_____	_____
38. I am satisfied with my child's progress.	_____	_____

Appendix F

PLEASE DO NOT PUT YOUR NAME ON THIS FORM

CUED SPEECH PROGRAM QUESTIONNAIRE
FOR PARENTS

SEX	AGE RANGE	EDUCATIONAL BACKGROUND	
		2 respondants did not indicate	
M /9/	20-29 / /	High School	3
F /11/	30-39 /17/	Bachelor's Degree	4
	40-49 /2/	Bachelor's Degree and Additional Coursework	5
	50-59 / /	Master's Degree	3
	50-69 / /	Master's Degree and Additional Coursework	3
		Doctoral Degree	0

AGE OF CHILD Average age of those who completed NCRC = 8.6.
Average age of those still enrolled = 4.5.

CHILD'S RATED HEARING LOSS (R) 99 (Aver) (L) 100 (not all responded)

AGE WHEN CHILD STARTED NCRC Average 3.1.

NUMBER OF YEARS AT NCRC Average for those completed = 3.5 years.
Average for those still enrolled = 2.1 years.

ARE YOU ACTUALLY CUING WITH YOUR CHILD YES 17 NO 3

NUMBER OF BROTHERS AND SISTERS _____

ARE SIBLINGS CUING YES 2 NO 10 (not all had siblings)

CIRCLE ONE NUMBER WHICH BEST REPRESENTS YOUR FEELINGS TOWARDS EACH STATEMENT

GENERALLY SPEAKING

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A
1. NCRC is a supportive environment.	1(18)	2(2)	3	4	
2. The NCRC environment provided my child with a creative experience.	1(18)	2(1)	3	4(1)	
3. The NCRC program was an excellent academic program.	1(10)	2(9)	3(1)	4	
4. The open environment of NCRC is very important to my child's educational experience.	1(10)	2(7)	3(1)	4	(2)
5. The teaching staff at NCRC are very involved with my child.	1(16)	2(4)	3	4	
6. The teachers of the deaf at NCRC contributed significantly to my child's progress.	1(18)	2(2)	3	4	
7. The teachers at NCRC provided me with support.	1(14)	2(6)	3	4	
8. The NCRC staff provided me with knowledge about deafness.	1(7)	2(8)	3(3)	4(2)	
9. I had an excellent relationship with the NCRC staff.	1(10)	2(9)	3(1)	4	

IF YOUR CHILD HAS BEEN IN THE NURSERY OR KINDERGARTEN PROGRAM AT NCRC, PLEASE ANSWER THE FOLLOWING. IF HE/SHE HAS NOT, GO TO THE NEXT PAGE.

	YES	NK*	NO	N/A**
10. Do the regular classroom teachers cue?	16	___	___	4
11. Are the regular classroom teachers involved with your child?	16	___	___	4
12. Do you feel mainstreaming has contributed to your child's progress?	16	___	___	4
13. Does your child socialize with the hearing children in his/her class?	15	___	1	3
14. Does mainstreaming provide your child with independent work habits?	15	1	___	4
15. Has mainstreaming provided a language stimulation for your child?	16	___	___	4
16. Has mainstreaming broadened what you expected of your child?	16	___	___	4

*Not known

**Those responding N/A had children who were not in the nursery or kindergarden program.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NK*
17.	I feel my involvement is crucial to the success of my child.	1(17)	2(3)	3	4	
18.	Kendall School provided support for the NCRC program through services and technical assistance.	1(1)	2(11)	3(4)	4(3)	(1)
19.	Kendall School supported my choice of cued speech as a program option for my child.	1(2)	2(7)	3(6)	4(4)	(1)
20.	The Kendall Staff was available to me for consultation.	1(1)	2(10)	3(3)	4(4)	(2)
21.	I had contact with staff members at Kendall School.	1(2)	2(8)	3(4)	4(6)	

*NK = Not Know

						N/A
22.	I chose cued speech for my child because it was the only method available to me.	1	2(1)	3(8)	4(11)	
23.	I observed all other methods and felt cued speech to be the most reasonable.	1(18)	2(2)	3	4	
24.	I chose cued speech because other methods had failed.	1(1)	2(3)	3(10)	4(6)	
25.	Cued speech is easy to learn.	1(12)	2(6)	3(2)	4	
26.	Cued speech has enabled my child to read.	1(10)	2(3)	3(2)	4	(5)
27.	Cued speech unlocked my child's abilities and potential.	1(15)	2(5)	3	4	
28.	Cued speech has returned my family to being a family.	1(11)	2(4)	3(1)	4	(3 not understand)
29.	Cued speech is a natural way of communicating.	1(14)	2(5)	3(1)	4	

IF YOUR CHILD HAS COMPLETED THE NCRC PROGRAM, PLEASE ANSWER THE FOLLOWING.*

	YES	NO
30. Is your child's speech intelligible?	10	1
31. Does your child speak in complete sentences?	10	1 Y-N
32. Does your child use idioms?	11	
33. Does your child read on grade level or above?	8	3
34. Does your child have hearing friends?	11	
35. Does your child have deaf friends?	9	2**
36. Does your child communicate with his/her siblings?	11	
37. I am very satisfied with the NCRC program.	11	
38. I am satisfied with my child's progress.	11	

*11 parents answered comprising those whose children had completed NCRC.
**Child lives in area where no other deaf children live.

What were/are your goals for your child while in the NCRC program?

SEE APPENDIX G

	YES	NO
Are your goals being realized?	20	0

RANK ORDER THE FOLLOWING IN TERMS OF WHICH HAVE CONTRIBUTED MOST TO THE SUCCESS OF YOUR CHILD IN THE NCRC PROGRAM.

	Average Rank
THE ENVIRONMENT	4.4
TEACHING STAFF	2.6
CUED SPEECH	1.5
PARENT INVOLVEMENT	3.5
MAINSTREAMING	4.5
CHILD'S NATURAL ABILITY	4.6

Appendix G

Parent Goals While in the NCRC Program

Group 1

Fathers

1) a. To be in an as normal academic environment as possible.
   b. To be treated like any normal hearing child.
2) a. To learn the spoken language and to speak it.
   b. To interact with other classmates.
   c. To become independent and self motivated.
   d. To follow teachers' directions and complete a task.
3) a. To develop as a person.
   b. To develop language, think independently and creatively.
   c. To develop social skills.
   d. To be a happy, accepting child with hope for the future.
4) a. To develop strong vocabulary base.
   b. Learn to read.
   c. Become adjusted to a regular school and social environment.
5) a. Mainstreaming.
   b. Receptive and expressive language development.
   c. Socialization with hearing peers.

Mothers

1) a. Develop communication skills.
   b. Achieve academically and socially.
2) a. Be exposed to cued speech for academic learning and socialization.
   b. Be mainstreamed via cued speech and treated as a normal hearing child.
3) a. To succeed as if she could hear.
   b. To reach her potential as a person.
4) a. To learn social skills.
   b. To learn to communicate with other deaf and hearing children.
   c. To increase language skills.
   d. To learn to read.
   e. To have opportunity to observe and copy behavior patterns of hearing children.

Parents Goals While in the NCRC Program (Continued)

Group 1

Mothers

5) a. That child be provided with creative environment with which to reach his potential, not limited by language.

b. Develop natural language base for child his age.

c. Be prepared for successful mainstreaming in public school: i.e., be able to work independently, to read on grade level, and have positive feelings about self.

6) a. To progress naturally at own pace but be challenged.

b. Learn to read and to tell time.

c. To cue at same rate as hearing peers.

Parent Goals While in the NCRC Program

Group 2

Fathers

1) a. Improve communication skills.
   b. Improve social skills.
2) a. To develop a language base, an active vocabulary, understanding and speech.
   b. To learn about things in his environment.
   c. To understand abstract concepts.
3) a. To learn next term as well as she did this term.
4) a. Develop understanding of spoken language - its flow and patterns as well as words - so as to develop his mind and thinking.
   b. Develop capacity and potential to understand oral communication without cues.

Mothers

1) a. Learn to understand and to get along with others.
   b. Learn to understand cued speech.
   c. Learn to do things like hearing children.
2) a. Learn to use cued speech as a receptive language tool.
   b. To increase language and rate of language acquisition.
   c. Improve expressive language skills.
   d. Improve social skills.
   e. To have a friend.
3) a. To develop language.
   b. To communicate with others.
   c. To understand language.
4) a. To lean how to communicate through cued speech.
   b. To learn how to listen.
5) a. To understand increasingly complex language.
   b. To ask for things spontaneously by speaking in 2-3 word sentences.
   c. To repeat one and two word phrases after the model.

Appendix H

CASE HISTORY SUMMARIES

CHILD	*HEARING LOSS P.T.A	AGE BEGAN SCHOOL	AGE CUING BEGAN	AGE BEGAN NCRC	YEARS AT NCRC	AGE LEFT NCRC	PRESENT AGE	PRESENT LEVEL OF FUNCTIONING
PAUL	R 120dB NR L 103dB	2-4	3-4	5-4	4	9-0	12-1	Fully mainstreamed in Public School 5th grade (except speech). Reading at 7th grade level. Reads average of 8 books each week.
TIRI	R 110dB L 96dB	1-10 oral	2-2	4-3	4	7-11	11-0	Mainstreamed in Public School 5th grade with intermittent interpreter (Cued Speech). On grade level overall. Resource Support.
TOMMY	R 103dB L 102dB	1-2 oral	1-9	3-4	4	7-0	10-1	Mainstreamed in Public School 4th grade. Reading on 5th grade level.
ROBBIE	R 100db L 107db	2-9 oral	3-9	3-9	3	6-5	7-6	Mainstreamed in Montessori School. Near grade level in math and reading.
STEVEN	R 103dB L 106dB	2-1 oral	3-6	3-6	2.5	5-9	6-10	Mainstreamed in Public School 1st grade with full time interpreter (Cued Speech). Resource Support. Top reading group.
TIFFANY	R 110dB NR L 105dB	1-8	1-7	2-4	4	5-10	6-11	Mainstreamed in Public School Kindergarten half day program, with Cued Speech interpreter or aide support. Half day special class. Beginning Primer reading book.

*All children have profound, sensorineural hearing losses, bilaterally. All are thought to be congenital. Each child has consistent binaural amplification.